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THE FUTURE OF THE NEGRO FROM THE STANDPOINT OF THE SOUTHERN PHYSICIAN.

By SEALE HARRIS, M. D.,

UNION SPRINGS, ALA.,

Health Officer of Bullock County, President of the Bullock County Medical Society, Vice President of the Tri-State Medical Society of Georgia, Alabama and Tennessee, Member of the American Medical Association, etc., etc.

On July 7th, at Tuskegee, Ala., by invitation of the Macon County Medical Society, I read a paper, entitled "The Future of the Negro from the Standpoint of the Southern Physician," in which I called attention to the rapidly increasing deathrate, and decreasing birthrate of the negro race. I mentioned some of the causes for these conditions and offered some suggestions for their relief. I am not aware that any paper on this line has ever been read before the Tri-State Medical Society, and believing that I present facts of great importance to the southern people; and facts which are well known but not given the proper consideration by students of the race question, I lay before you some data and ideas which I hope will be fully discussed by the representative physicians of the typical Southern States of Georgia, Alabama and Tennessee.

Though today I call attention to the dark side of the negro race, I desire to declare my friendship and sympathy for this unfortunate people, who through no fault of their own, are here as the "white man's burden." I treat hundreds of patients among them every year, many of them without pay or hope of reward. In my heart I would

be glad to see the negro strong, prosperous and contented and will aid to the best of my ability ever movement to that end; but after six years experience as health officer and practising physician in a county where the blacks outnumbered the whites four to one, I am saddened by watching the ravages of tuberculosis, typhoid fever, syphilis and other diseases upon this generally kind-hearted and inoffensive race. I greatly fear that the American negro will never become firmly established in the right methods of living before disease and death will have so thinned his ranks that there will be no race problem.

Without going into a discussion of the justness of the southern cause I will say with the lamented Henry W. Grady: "I am glad that Almighty God held the balance of battle in his Almighty hand, that human slavery was swept forever from American soil, and the American Union was saved from the wreck of war," though I greatly question whether the negro has been benefitted in any way by his emancipation.

I regret that I cannot go fully into the history of the American negro from the time when the English slave traders over the protest of the majority of southern planters, brought the African savages into the sunny climes of the South because it was found that they could not thrive in the cold freezing winters of New England. I will dwell on the fact that before and long after Massachusetts had freed her handful of slaves because slavery was unprofitable the South tried in vain to have the African slave trade abolished because she had enough negroes, but the slave traders were from New England, and their representatives in Congress voted with their interests.

The southern planters finding that the negro was adapted to plantation work in this climate, and that he was valuable as property, and his increase even more valuable, gave him the best hygienic surroundings possible. He was given plenty of simple, nutritious, and well prepared food; sufficient outdoor exercise; his hours for sleep and recreation were sufficient and regulated; he was well clothed; forced to keep clean; was comfortably housed (the plantation quarters were built on the present pavilion plan for hospitals); when sick he was well cared for and promptly given the best medical attention; his Sundays were spent in rest and church worship, in short, he was given everything that tended to promote health, bodily vigor, and long life. The matter of marriage was regulated not on sentiment alone, but with the view of producing large, healthy and able-bodied families. The defective and unhealthy were forbidden marriage because the slave owner realized that offspring from such parents meant only pro-

longed trouble and expense to him. Marriage among the strong was encouraged, and a premium given the black mother for every healthy child she bore; and I am sorry to say that in many cases marriage was not required or expected of the mothers. Under such circumstances it can easily be seen how the negro grew so rapidly in strength and numbers; and when we consider that only one or two centuries ago, his ancestors were savages, perhaps cannibals, his morals were also wonderfully improved. If the rate of increase of the negro for the first hundred years of slavery had been maintained up to the present time we would have a negro population of 26,000,000.

It is a fact that before the war the negro deathrate in the South was less than that for the whites. As an illustration, in Charleston, South Carolina, from 1822 to the beginning of the war, the average white deathrate was 25.98 per thousand; for the blacks, 24.05 per thousand. The same was true for all other southern cities whose statistics I have seen. I have seen no statistics for the rural districts before the war, but while no doubt lower than the city deathrates, the proportion as to the races was about the same, or more favorable for the negro.

Now let us compare these statistics with those after the war, and we find in the city of Charleston, from 1865 to 1894, the average annual mortality for the whites was 26.77 per thousand; for blacks, 43.29 per thousand.

The annual report of the city health department of Baltimore for 1900, shows the deathrate for the whites as 17.48 per thousand; for the colored, 33.42 per thousand. In the city of Atlanta for the year 1900, the annual mortality rate for the whites was 11.59 per thousand; for the blacks, 19.50 per thousand. The city of Augusta, Ga., for the year 1899, gives a white deathrate of 10.50 per thousand, while the negro deathrate was 31 per thousand. The recent statistics which I have seen of other cities of the South, show a negro deathrate of two to three times that of the whites, and I know of no southern city where the negro birthrate equals their deathrate.

Union Springs is perhaps an average of southern towns, certainly the white deathrate would make it appear to be a healthful place, and no doubt the negroes there are in as good condition as in any other towns of the South. I have kept the statistics there for the past six years, and I believe that almost, if not every death and birth that occurred there during that time has been reported and recorded. I therefore feel that the vital and mortuary statistics for Union Springs are nearly absolutely correct.

For the past six years the average annual deathrate for the town

of Union Springs for the whites was 11 per thousand; for the blacks, 31.17 per thousand.

As to the conditions which are responsible for the large deathrate among the blacks in Union Springs—and the same will apply to nearly all southern towns and cities—I will quote from my first annual report as health officer, that for the year 1895: "They (the blacks) are poorly fed, improperly clothed, and their homes are located on the lowlands in the suburbs of the town, where the dampness of the atmosphere predisposes to tuberculosis and where all the filth and impurities of the town drain directly into their wells and streams, contaminating their only source of water supply. With such surroundings and an utter lack of regard or appreciation for the laws of health they become very susceptible to all forms of disease, particularly typhoid and malarial fevers and tuberculosis; and for the same reasons their tissues having less powers of resistance to the ravages of disease, they fall easy victims to the "fell destroyer."

One-fifth of all the deaths in Union Springs (year 1895) were due to tuberculosis and all occurred among the blacks—a larger deathrate among the blacks from tuberculosis alone than the total white deathrate. Statistics show, and old slave owners affirm, that tuberculosis was of comparatively rare occurrence among the slaves; and after less than two generations we have so large a deathrate among the negroes from this disease. When we take into consideration the habits and environments of the negroes all over the country and the part that heredity plays in the predisposition to and production of this disease, truly it seems that tuberculosis will be a potent factor in the solution of the negro question. In my last annual report I noted some observations and deductions which have some bearing on the question and I will quote that part of my report. Below I present summaries of the deaths and births for the year 1900:

White deaths, 19; white deathrate, 19.00 per thousand.

Black deaths, 53; black deathrate, 52.11 per thousand.

White births, 22; white birthrate, 22.00 per thousand.

Black births, 27; black birthrate, 26.54 per thousand.

You will note the enormous deathrate of 52.11 per thousand among the blacks as well as their excess of deaths over births, a condition which was never seen until recent years. The deathrate among the negroes is unquestionably increasing at an alarming rate, and quoting an inelegant but forcible expression from an eminent evangelist: "The three D's, Dirt, Disease and the Devil," will, in my opinion, be the principal agents in settling the question which faces the South.

"The negroes as a class have absolutely no conception of personal

hygiene, and the great majority of deaths (more than 75 per cent., according to my report) among them, occur without medical attention and almost without any effort whatever to stay the hand of disease.

"One-third of their births are reported as being illegitimate, a fact which merely suggests the degree of immorality among them. Contrast this with the fact that among the whites less than one-half of one per cent. of the births are recorded as occurring out of the bonds of wedlock."

Reports from all over the South show about the same proportion of illegitimacy among the negroes. In the city of Washington, 26.5 out of every 100 negro births are illegitimate. Now regarding the mortality among the negroes in the rural districts, I regret that I have not been able to procure accurate statistics, for the reason that over three-fourths of the negro deaths occur without medical attention and almost every plantation has its own graveyard or cemetery in which every year are interred numbers of their dead whose taking away is never known beyond the limits of the plantation. I estimate that I have reported to me probably one-half of the deaths that occur among the negroes in the country districts. I am sure that their rural deathrate is not so high as in the towns and cities; but I am convinced that even in the country their deathrate is nearly or quite as large as their birthrate.

In the county of Bullock exclusive of the town of Union Springs for the year 1900, the number of white deaths was 52; white deathrate, 10.26 per thousand; the number of black deaths was 303, black deathrate 15.19. White births 122, white birthrate 34.08 per thousand; black births 630, black birthrate 31.57.

Out of the 630 births among the negroes not over 10 were attended by physicians, so with such "lying in" attention we would expect a very high infant and puerperal mortality among them; but these deaths I cannot get the midwives to report, as they consider it a reflection on their skill (?) to have a death of either mother or child.

I regret to state that I do not give much credence to the mortality statistics of the 1900 census, as the enumerators who were hurried in their work, certainly in some instances, did not make the same efforts to get the reports of deaths that they did to swell the number of names of the living on their rolls—they were paid better for the latter. One of the enumerators of Bullock county told me that in his district he had record of only nine deaths, when for the same district for the same time, I had reports of 39, and I am quite sure that there were a number of deaths in that district which were never reported to me. The census report of population for my section of Alabama I believe to be thoroughly unreliable and without value.

In my former paper, which was written before the census bulletins relative to race population were issued, I stated that from 1890 to 1900 an increase in the negro population was to be expected, and the expectation has been realized. Some argue that this increase, which is about in the same proportion as from 1880 to 1890, proves that the negro is improving every year; but if that increase has been at the expense of the moral and physical well being of the race, a condition which statistics cannot disprove, when the pendulum swings the other way, as it must surely do, or all our views of hygiene and heredity are set at naught, the increase in the defective and diseased classes will only hasten the final destruction of the race.

Granting that the census reports are absolutely correct, though personally I do not think they are accurate enough to be of much value, we would expect a race of slaves when suddenly given absolute freedom, to show a rapid increase in birthrate and this they have done to the limit. The negroes have had every opportunity and license to enjoy full sexual gratification without regard to the laws of man or God, and without thought of the future strength of the race. Though reports on criminality show a fearful increase of crime among them —there was an increase of 26 per cent. of criminals among them from 1880 to 1890—they do not include the crime of illicit sexual intercourse, as that is an offense for which the law does not hold the colored population accountable. I have never known of a negro convicted of adultery, yet one-third of their births result from criminal copulation. Nature abhors promiscuous sexual intercourse and the abuse of the organs of reproduction will certainly result in their becoming functionless. The divine laws that "the wages of sin is death" and "the sins of the father shall be visited upon the children even unto the third and fourth generation," are as true today as when written several thousand years ago, and would be sufficient to stop reproduction in a race where licentiousness is so riot. It seems to me from my observations in several thousand cases treated among the negroes in the last six years, that tuberculosis, syphilis, typhoid and malarial fevers are almost as prevalent among the negroes who live in the country as those who live in the towns. I am quite sure that the majority of them have not the proper food and clothing and that their houses are not sufficiently comfortable to maintain health. The average family is allowed from $5 to $10 per month for clothing and provisions. They are supposed to raise sufficient food-stuff for their stock, but very few of them do so. They have also to provide food for a mule or horse out of this pitiful allowance. These conditions appear deplorable, but the advancing merchant or banker allow them to have

as much as they will pay back; and even with such meager advances, at the end of the year the merchant or banker is frequently the loser. I am sure that very few of the negroes in the country have a proper variety of food and very many of them do not have a sufficient quantity of the kind they get. If such lack of nutrition, with the worst possible carelessness pertaining to all matters of health, does not invite tuberculosis and allied diseases, then I know of no conditions that will; and in the next twenty-five years I expect to see those diseases play fearful havoc among the colored race.

If syphilis was one of the great causative factors in the extermination of the American Indian it would seem that it would play the same part in this and future generations of the negro race. It is certainly one of the most common diseases among them. I believe that I do not exaggerate when I say that over 50 per cent. of the negroes in the United States above the age of 25 have been afflicted with syphilis and I have never known a patient among them to carry out the proper treatment as prescribed by the best syphilographers. I have known plantations, inhabited entirely by negroes, where almost every man and woman had had syphilis.

Syphilis rarely kills directly, but its effect upon fetal and infant mortality is very marked. My statistics show something like five or six still-births among the blacks to one among the whites. Hoffman, in his "Race Traits and Tendencies of the American Negro," pages 65, 66, gives the following statistics for deaths from stillbirth per 100,000 population under one year:

	Washington.	Baltimore.
White	6,528	7,024
Negro	20 152	16,988

Death from debility, inanition, etc., of which hereditary syphilis is one of the greatest factors, per 100,000 population under one year:

	Washington.	Baltimore.
White	4 181	4,800
Negro	10,045	16,988

In the city of Charleston for the year 1890, for every 1,000 white children born there died during the year, 200; of negro children, 461. In the city of Richmond for every 1,000 white children born there died during the year, 187; and of every 1 000 negro children born, 530 died. If these statistics were true thirty years after the war, when the race had the physical stamina given them by several generations of slaves who lived under the best hygienic surroundings the world has ever seen, what can we expect the next fifty years to show with a people who are so immoral and so improvident as the younger gen-

erations of negroes? It is well known that gonorrhoea is the chief cause of sterility both in males and females. Professor Edward Martin, of the University of Pennsylvania, says that it is the cause of more deaths than syphilis. If this is true gonorrhoea is playing no small part in decreasing the negro birthrate, as well as increasing their deathrate; because I believe that 90 per cent. of the men over 25 years have had gonorrhoea, and they rarely ever have it properly treated. The amount of uterine, tubal and ovarian troubles among negro women, traceable to gonorrheal infection, would be astounding to one who did not have frequent occasion to examine them for such troubles. The operative cases are never treated, since we cannot furnish the hospitals, perform the operations, and treat the cases without pay. The number of negro women who are sterile and whose health and happiness are impaired from such causes, is large and increasing every year.

Because of their indifferent sources of water supply and lack of cleanliness, typhoid fever is very prevalent among the negroes, and very many of them die, or suffer from the various complications and sequels, of typhoid, because they have not the proper diet, nursing and medical attention. Malaria, which is not only a prevalent disease, but one which is certainly curable, is carrying off thousands among the negroes in the lowlands and undrained swamps in certain sections of the South, when timely visits from the physicians and a little care in nursing would result in the cure practically of all cases of malaria.

A fact which is well known, is that negroes succumb readily to pneumonia and other lung diseases, and since the prevalence of influenza, which is practically endemic with us in the winter season, very many of them die from acute lung troubles.

While I have no statistics to show the mortality of carcinoma among the blacks, I believe it is increasing among them at least at the same rate as among the whites.

Indeed it seems to me that all diseases are on the increase with them, and that their condition physically and morally each year deteriorates.

I have discussed this question with physicians from all parts of the South, and I have never met one who did not believe that the negro is rapidly degenerating both morally and physically. In visiting the hospitals in several northern cities I have been struck by the number of negroes treated in them. In one city, where I recently spent a month, I saw more negroes in the hospital for treatment than I saw in all other places I visited during my stay in the city. This was prob-

ably accidental. but it is well known that the negro population of the North cannot be maintained except by migration of southern negroes.

If the deathrate among the negroes in the cities of the North and South is so rapidly increasing, and their birthrate decreasing, as statistics undoubtedly prove, what an enormous increase among the negroes in the rural districts there will have to be to compensate for the difference. It is no doubt true that the negroes are drifting into the towns and cities, and as statistics show, that the general deathrate of the negro equals or exceeds the birthrate, and that every year increases the proportion of their defective and diseased classes, what can we expect of the negro but that he will in time share the fate of the North American Indian?

Last year at the race conference held in Montgomery, the masterpiece of the occasion was the address entitled "The Sacrifice of a Race," delivered by Dr. P. B. Barringer, Chairman of the Faculty of the University of Virginia. It contained more of facts, logic and forceful rhetoric than any other address delivered at that convention of distinguished men from all sections who met to study the race problem. I wish that every man and woman, white and black, in the North and South, could read and appreciate the force of Dr. Barringer's remarks. It would enlighten the whites and perhaps open the eyes of the negroes as to whither they are drifting. I am indebted to Dr. Barringer's splendid address for some of the statistics I have given you, and I quote from it the following paragraph:

"All things point to the fact that the negro, as a race, is rapidly reverting to barbarism, with the inordinate criminality and degradation of that state. It seems moreover, that he is doomed at no distant day to racial extinction. If reproduction ceases 8,000,000 will die about as rapidly as 800, so the outlook for this people is black indeed. * * * * In my opinion nothing is more certain than that the negro will go as the Tasmanian and Carib have gone, but till then he is our problem."

I believe that the dawn of the twentieth century finds the American negro at about the pivotal point in his history, and in the years to come his decrease in population and strength will be more rapid than his increase has been. In my opinion the negro birth and deathrates are approximately equal, and with a race already weakened and attenuated by vice and disease, and with what the inexorable laws of heredity mean to the offspring of such parentage, I think the future of this race is indeed gloomy. I do not ever expect any widespread trouble between the whites and blacks. The whites, while they propose to rule the South, are all the time showing a more kindly spirit to-

ward the negro, as is evidenced by our sharing equally our educational fund with him, and by th e missionary work done among the blacks by the white churches of the South, and in many other ways. In matters of justice in the courts and in legislation the negro is generally dealt with as "the winds are tempered to the shorn lamb."

Social equality between the races is an absurdity dreamed of only by a few anarchistic fanatics of both races who know nothing of the true status of the race problem; but in matters of business and in other affairs of life the relations between the races are every day growing more cordial and satisfactory.

In the line of common school education the negro who pays less than 5 per cent. of the taxes, has exactly the same advantages as the whites. In the common schools there should be lectures and practical lessons in hygiene and morality, beginning with the smallest child and extending through the whole school course. I think it of far more importance to look after the moral and physical education of the negro than his mental development—though all may be done at the same time. Industrial education is without doubt a step in the right direction for the upbuilding of the negro. Booker Washington is the Moses of his race, but will his people follow him? I fear not. There are but few if any other such men in his race and it would take a thousand Booker Washingtons and as many Tuskegee Institutes to have much effect on the race as a whole within the next half century. The negro should be taught habits of industry and economy. The Tuskegee Institute in turning out one well trained farmer or mechanic graduate, in my opinion does the race more good than the graduation of a hundred in the classics.

While I am not of a pessimistic nature, I greatly question whether anything we can do will save the negro from racial extinction but we must do our best—and to have any effect the work must be done in this and the coming generation. Physicians of the South, who come in closer contact with the negroes at their homes than any other class of the whites, should feel it a duty to instruct them whenever and wherever possible in the simple laws of hygiene. The prevention of disease is the highest art in our profession, and we who have to do so much charitable work for the negroes should never lose an opportunity to prevent the spread of disease among them.

Cities and incorporated towns should adopt and enforce laws which would insure sanitary dwellings in the tenement districts; and should provide, if necessary, without cost, a pure water supply for the people who reside in them. Every town and city should provide means of treating and caring for their indigent sick, as I know that hundreds of

negroes die every year because they cannot get medical attention, intelligent nursing and the proper sick room diet. The State should provide hospitals for the treatment of their sick—especially should their tuberculosis patients be isolated and placed where they could be properly cared for. This would entail a great expense upon the State, but in the end would be economy. When we have the transitional period from negro to white labor in the South, with a sick and dying race to be provided for, then will we suffer and be in worse financial straits than we have ever before known except perhaps in the days of reconstruction. It would be well for philanthropists, who are spending thousands in training the minds of the negroes, to consider the establishment of free hospitals and dispensaries, in which their sick can receive the proper medical and surgical attention; and sanatoriums for the isolation and treatment of those infected with tuberculosis. They should also see that the negroes' moral and physical education is not neglected in the institutions which receive their munificence.

While we of the South are not responsible for the pitiable condition of the emancipated negro his fate is largely with us and we must do our full Christian duty in dealing with him. The solution of the negro question is our problem, and the best thinkers of the North, who have been South and studied race conditions, realize and do not hesitate to express themselves, that our people are doing their best for the negro and his hope lies in the South. We do not welcome the Lillian Jewett type of Africomaniacs who make incendiary speeches to the negroes without knowing anything of race conditions in the South; neither does the best element of the negroes welcome such fanatics; but we are glad indeed to have the negro's true friends from the North come South and help us study the race question. The North was the negro's proposed benefactor when it came to freeing the slaves and now that the negro's condition is morally and physically worse than before his freedom, let not his Northern friends turn the back of their hands to him in this hour of greatest need. The negro has his liberty but he stands in danger of losing his body and soul—I speak of the race as a whole. There are some fine types of men among them and we may expect the "survival of the fittest," but the "unfittest" is so predominant among them that unless there is a change in their method of living, a century or two will witness the end of the sad story of the American negro in history.

I have tried to give a plain, unvarnished, unprejudiced statement of the negro's condition in the South, calling especial attention to their immorality and physical weaknesses, believing that the people of the South generally do not understand or appreciate the dangers which

I honestly think menace the very existence of this race. Because the census of 1900 shows an increase in the numbers of the negro we must not be led into the false idea that he is improving in strength and character. We should study the traits and tendencies of the negro and if possible rescue him from disease and immorality which threatens to destroy him, and should leave not his fate alone to "time.'

"Time is the tomb-builder, who heralds his millions
To their home in the dim land of dreams,
Yet holds his fierce career,
Dark, stern, all pitiless, and pauses not
Amid the mighty wrecks that strew his path,
To sit and muse like other conquerors,
Upon the fearful ruin he has wrought."

PATHOLOGY NECESSITATES A CONSIDERATION OF BACTERIOLOGY.

By L. N. Johnston, M. D.,

TUSKEGEE, ALA.

You will pardon me for selecting as the subject of this paper one that is so uninteresting, and one that apparently possesses so little interest, but I trust the unusual title will not predispose you to a dislike of it. If you desire an excuse for my selection, I must call to my aid the present unexpected excitement in a neighboring State over the discovery of almost limitless quantities of oil and let it serve in part, at least, as a reason for my unusual subject. If you discover before I finish that I thoughtlessly failed to apply any of this oil to my tongue, you must remember that while we have been taught that water and oil will not mix, that corporations by their stock manipulations perform miracles and often the stock of oil companies does not possess enough oil to form a film over the surface of the water composing it, you will have to classify me as a representative of one of these wholly water oil companies.

It is not my purpose to enumerate the chemical or physical properties of oil, its value in medicine or in the open market, or attempt to sell you any stock. The following quotation from a poem by a Southern writer will more clearly show you the sort of oil I propose to discuss with you. In speaking of the marvelous knowledge man possesses of his physical structure, he says:

"* * * blessed Hippocrates
Bright trimmed his lamp, and passed it down the line,
And each disciple added of his oil,
It blazes now above the ghastly corpse,
Till every fibre, every thread-like vein,
Is familiar as a city's streets."

With this lamp of Hippocrates typifying the broad science of medicine, I write you to consider some of the oil that has been added to the lamp by some of the most zealous disciples of Hippocrates. The addition of this oil has caused the flame of our lamp to stop its flickering and to cease emitting a small, dim, uncertain light, and has made it a large, bright, white light and caused it to burn with a steadier and more certain flame. It has raised medicine from the low plane, surrounded by fanaticism, superstition and uncertainty to a plane where its beams carry with them messages of hope and comfort, and lead the way to many a victory in the battle with death. It has made medicine in word and in truth a science in the broadest and fullest sense.

You will recognize my oil under the more familiar and scientific term of Pathology. A consideration of pathology necessitates a consideration of bacteriology, to which pathology is deeply indebted for an explanation of some of its most conspicuous phenomena. I ask your indulgence while I briefly refer to some interesting bits of the history of bacteriology, and of the role it has played in the development of the true science of medicine.

Bacteriology, as we know it today, is of very recent and very rapid development; this is more manifest when we remember that those of us who attended lectures fifteen and, in some instances, only ten years ago find it to be a subject of which we heard but little while students and what little we did hear was so diluted by theories and generalities, which, for the most part, have been discredited and discarded, as to leave only an indistinct and blurred impression upon our minds. While theories still abound, there has been enough of the truth discovered to place this branch of medicine upon a solid and certain basis. In some instances, working under and following the requirements for such, as laid down by Koch, the causal relation which bacteria stand to disease has been clearly established, and with this knowledge as a basis intelligent prophylactic measures have been instituted with results which have fully demonstrated their value. All of the problems of bacteriology have not been solved, and in her storehouse of mystery nature holds many fascinating and interesting problems for the solution of which man will ever labor zealously and unremittingly. As an ex-

ample of this we have only to cite the investigations being conducted in Buffalo, under the authority of the State of New York, having for their object the determination of the true aetiology of cancer and of its having a probable paracitic origin. The original study of milk, to be made under the direction of the medical department of Cornell University, with the aid of such other medical colleges as it may select, and made possible by the kindness of Mr. Rockefeller, may be added to the above to show that there are always problems to be solved and theories to be established. I might add, in passing that there is no one who is better qualified to add oil to our lamps than our friend, Mr. Rockefeller.

Bacteriology had its foundation in the observations of Antony van Leeuwenhoek, a man of presumedly humble origin, born in Delft, Holland, in 1632. He was not a man of letters and, if history be true, only enjoyed a meagre education. At an early age he was apprenticed to a linendraper at Amsterdam and here, at odd hours he devoted himself to the study of lens grinding, and by application soon became very proficient in the art. So skillful did he become that he was able to grind a single lens which was far superior to the finest compound microscopes of his day, and with which he observed motile "animalcules" in rain water. Encouraged by his discoveries he ground still more powerful lenses and by their aid detected in well water and other media micro-organisms which we of today know were bacteria. The results of his observations he embodied in a paper which he read before the Royal Society of London in 1683. From time to time he made public his later and more valuable discoveries. His work is a model for all time to come, for it was characterized by a faithful presentation of facts, wholly innocent of speculation and theory. His observations met a ready acceptance in some quarters while in others the opposition to them was so bitter and unceasing that our lamp came near overturning and the precious drop of oil introduced by our apprentice was almost spilled. Some of his followers passed the bounds of reason in accepting and discussing this new idea of the aetiology of disease; on the other hand the opponents of the new doctrine fought it without ceasing and even so late as 1820, one Ozanam declared his time too valuable to waste "in efforts to refute these absurd hypotheses." The greatest amount of oil has been added within the last ten or twenty years by Pasteur, Pollender, Davaine, Schulze, Bonnet, Cohn, Klebs, Eberth, Koch, Loeffler, and a host of others.

The effect that bacteriology has had upon medicine is too patent to require a long review to show it. The development of preventive medicine has been most striking and perhaps the greatest benefit mankind

has received from bacteriology, and may I not add, medicine? Its value to the human race in one disease alone, that of small pox, is sufficient to demonstrate the great good that has followed its introduction and kept pace with its development. From the time when 21,000 out of a population of 30,000 in Iceland died in one year from small pox, and from the time of the middle ages when an unmarked face was so infrequently seen as to give rise and currency to the expression so common in that time: "From small pox and love but few remain free," to the time that a pitted face is so seldom seen that one is almost incredulous when he reads of the ravages of this once most dreaded disease, now almost extinct—wholly extinct as regards the fears it once engendered. This is wholly due to preventive medicine. The introduction of asepsis and antisepsis into modern surgical technique, based upon the study of bacteriology, has so reduced the mortality formerly following the employment of the knife that a surgical operation of today is, comparatively speaking, so surrounded by proper surgical and antiseptic safeguards as to be regarded as a pleasant and delightful diversion to relieve the tedium of a dull summer. This subject of preventive medicine is growing of such importance that we shall yet see all of our medical colleges establishing chairs devoted exclusively to this branch of medicine, which course, I am glad to state, has already been pursued in some of our colleges.

The definitions of pathology are almost without number. If you will allow me, I will give you my definition of it. Pathology is that branch of medicine which has for its object the study of the phenomena produced by the operation of the laws of chemistry and physics upon a diseased living being. Consequently this branch does not occupy an isolated position; its study must go hand in hand with the study of anatomy, physiology and bateriology on the one hand and with all of the other branches of medicine on the other hand.

It occupies the pivotal position in medicine; it is the keystone which holds together and firmly unites the arch of healing. In order to fully understand the meaning of the phenomena resulting from pathological processes it is essential that the normal histological structure and physiological functions should be learned first. An illustration will show you clearly the dependence of pathology upon anatomy and physiology, and that of medicine and surgery upon pathology. A raw apprentice enters the employ of a medicine company to learn the trade. He dons his overalls and enters the machine room in which he sees an array of broken and helpless engines. He is taken over and shown the first and is told what is wrong and how it is to be remedied. He follows his instructions to the letter and is gratified to see his

engine working smoothly and evenly. He goes to the next engine and discovers that it is similarly deranged. Such he knows from his experience with the other engine and straightway he begins to put it in condition by following the instructions given him by his instructor, who is now not by his side to teach him. As he replaces broken pieces by new ones, screws up bolts, and tightens belts, as he learned was needful to do to the first engine, he discovers that some other pieces are broken, some nuts are lost but as nothing was said about these in the first engine he takes for granted it is normal and decides to test his engine. He does so, and it wheezes, blows, scrapes, and soon because of the extra work falling upon his remedied parts they give way again and his engine is in quite as bad fix as before he attempted to put it in running order. You say the foreman was a fool; and you are right. He should have put the new apprentice studying the normal, the perfect engine—its structure, the pieces of which it is composed, the part each plays in the mechanical whole—and also must he attain a knowledge of the forces and agencies which endow this engine with its dynamic value. Had he pursued such a preliminary study, how much easier it would have been for him when he began to repair his second engine to note the departures from the normal, perfect piece of a machinery, and what changes were necessary to transform the useless, helpless mass of bent, broken and twisted iron to an organized, normal and useful piece of machinery. Am I far from the truth when I assert that in a measure medicine was taught formerly and at present in some instances in a like manner? For instance, a fever is present in the patient, we are told that the use of a certain drug will allay the fever. We are not told it is manifestation of some pathological process which must be removed. We give the drug to our patient and are gratified to see that the fever has departed. It reminds us of what Christ said to Nicodemus about his knowledge of the nature of wind: "The wind bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence itcometh, and whither it goeth." So it was with us before the development of pathology, we saw the lesion, felt the pulse, noted the temperature, but whence they came and whither they went we knew not. Pathology, if it did nothing else, certainly transformed the methods of the treatment of disease, and today we owe the change from the symptomatic to the causal treatment to it.

Of the many good effects which have followed the introduction of pathology as a co-ordinate element in medicine, one is at a loss to select one as an illustration. Perhaps the change it has wrought in the department of dermatology will be both striking and typical. Dr. Bulkley in speaking of this says:

"The aetiology of various diseases of the skin has always been a matter of considerable difference of opinion among writers, but the subject is being cleared up more and more under the light of modern science and accurate study, and many points are now placed beyond the reach of controversy. In former periods it was supposed that all cutaneous disorders were manifestations of an internal poison or evil, a 'materies morbi' seeking exit by this channel; hence the general name given to this class of affections was eruptions (I burst forth), as is also signified by the Greek term eczema (I boil over). This idea has by no means disappeared, either from the public or professional mind; in a few, if any instances, however, is it correct."

In discussing the result of systematic study of skin diseases, and the effect it has had upon their treatment, the writer adds:

"Modern study has demonstrated a certain group or number of diseases of the skin to be entirely due to the local effect upon the integument, or its appendages, of vegetable parasites which find a habitant there; certain orther lesions on the skin are wholly due to other local irritants as the burrowing of the scabies insect, or the scratching practiced for the relief of pediculi, or from other causes. Still other conditions recognized as disease are the direct results of heat and cold, or mechanical and chemical irritants, as injury, dye stuffs, poison ivy, etc.; another group of affections are known as purely local alterations of skin tissue, such as fibroma, epithelioma, keloid, and the like. Yet other diseases have most intimate internal relations, such as acne, eczema, and urticaria; others, finally, as syphilis and exanthemata, are the result of specific poisions."

For the differentiation of one lesion from another and a consequent classification of them pathology is dependent upon the microscope as its most efficient aid. In fact it is with the microscope and the use of proper technique as regards hardening, staining and mounting specimens, that the greatest advance in pathology has been secured. Our knowledge and classification of tumors, cysts, polyps, etc., have been gained by this method. Just what inflamation is, its stages with the results in each, and the terminations of inflamation were learned by studying the web of a frog's foot under the microscope.

In this disease of the blood we see the utility of the miscroscope most apparent. By its use it is not only possible to differentiate chlorosis from pernicious anemia and either of these from leuchaemia, but it is absolute and certain. It is true the chemical aspects of these diseases are sufficient to lead to almost no confusion yet when we have absolute knowledge how much surer we feel. The detection of the "plasmodium malariae" in the blood of the patient suffering with malarial

poison may be cited as another instance of its usefulness. Here, too, is it certain and absolute. The Vidal test in typhoid fever is not without its value and importance.

CHRONIC NASOPHARYNGEAL BURSITIS. (TORNWALDT'S DISEASE).*

By Dunbar Roy, A. B., M. D.,

ATLANTA, GA.

A bursa is defined in Foster's Encyclopedic Dictionary to be "a pouch, especially a synovial sac." Bursae, as is well known, exists in various portions of the body, especially under the tendons of muscles around the various joints. The presence of these can sometimes be traced and their etiology determined. There are other bursae however which are congenital although some of these can occasionally be traced to an arrested development. Among these latter is the bursea pharyngea which occurs in the vault of the pharynx exactly in the median line. Adenoid tissue can be found in the nasopharyngeal space of nearly every individual, varying of course both in the amount and the location. In children we believe that adenoid tissue is universally present and this statement is made by one who practices in a Southern climate. I am firmly convinced that climate does not produce adenoids, but that it influences its growth and morbid state must be apparent to all. My experience shows that these growths occur in the black as well as the white race notwithstanding that some Southern rhinologists affirm that they never occur among the negroes. We believe that it is just as natural for adenoids to be present in children as faucial tonsils, and like the latter there are great variations in size. It is not necessary to operate on every case of adenoids, nor is it necessary to remove all faucial tonsils, and yet we think it is a good deal better to scrape too often the nasopharynx in children than not to scrape often enough. Harm is never done by the use of a Gootstein's curette but great harm frequently follows its non-use.

As individuals grow older this collection of adenoid tissue in the vault gradually becomes smaller, depending in a great measure upon the presence of that innate tendency towards a catarrhal condition. The larger the amount of adenoid tissue present in childhood, the slower is its disappearance which of course never disappears entirely but is merely transformed. If the patient has been afflicted with a large amount of adenoid tissue in childhood and this was not removed sur-

*Read before the American Laryngological Phenological and Oblongatal Society in May, 1901.

gically at that period, experience teaches me that such will have trouble in the nasopharynx nearly all of his or her life. This same gelatinous polypoid tissue in childhood will become firmer and more fibrous as the individual grows older, and instead of its being globular or cushion-like, there will be formed bands of fibrous tissue running in the long axis of the pharynx. Between these bands, secretion will lodge which will be exceedingly difficult of removal.

Crypts, which normally exists in adenoid tissue, counterparts of the crypts in the faucial tonsils, exist even after all the adenoids have seemingly disappeared and such always affords a nidus for constant irritation and for the production of acute follicular naso-pharyngitis. I have rarely failed to find the remnants of some adenoid tissue in every patient who complained of nasopharyngeal catarrh. Rhinologists owe much to Luschka who was the first to describe so minutely the anatomy of the nasopharynx. Anatomists generally agree that there are two kinds of glands in this region: (1.), the conglomerate, occurring especially around the mouths of the eustachian tube and on the posterior surface of the soft palate, and, (2), the follicular glands which are more especially bunched together just at the center of the vault and commonly known as Luschka's tonsil. The third tonsil varies considerably in size and formation, being sometimes round or oval and then again linear with distinct crevices between the bands. "At the lower portion of the pharyngeal tonsil, in the median line, a small opening is sometimes present which leads into a sac about three-fourths of an inch long and one-fourth of an inch wide, known as the pharyngeal bursa, the name given it by Luschka from a term already used by Meyer in description of pharynges of certain mammalia. The anterior wall of the bursal sac is covered with glandular tissue, while the posterior wall is joined by a ligament to the basilar process of the occipital bone. Some observers deny the existence of the sac as a distinct anatomical structure, holding that this bursa is simply a median fissure of a normal pharyngeal tonsil, the fissure being the result of adhesions of the superficial layers of the glandular tissue." (Burnett's System). These fissures in Luschka's tonsil vary considerably in different individuals, and their presence to any large extent is due in my opinion to its having been neglected case of adenoids in childhood.

Whether or no the pharyngeal bursa exist, is still a mooted question, and after the examination of the nasopharyngeal space in several cadavers, I was unable to discover a distinct pouch. This however, does not invalidate the fact of its existence. In many of these cases where there were decided objective symptoms of nasopharyngeal catarrh, I have been able to find almost universally the presence of this opening

in the vault entirely different in appearance from the slit-like processes so frequently found in Luschka's tonsil.

In 1885, Tornwaldt, of Danzig, published an extensive article in which he described still more minutely than Luschka had done in 1868, the pharyngeal bursa. The main object of his paper was to show that the large majority of nasopharyngeal catarrhs was due to the presence and diseased conditions of the bursa pharyngea. Since that time such a pathologic condition has been spoken of as Tornwaldt's disease.

There is a great diversity of opinion among anatomical investigators as to whether a bursa exists. In 1878, Ganghofer, after much investigation, published an extended article in which he denied the existence of the bursa pharyngea in the form described by Luschka, but described it himself "as a simple, more or less marked depression of the mucous membrane, having no great depth, and not connected with the basilar process as claimed by Luschka, by means of a strip of cellular tissue." In 1887, Schwabach, of Berlin, published his investigations on the subject these having been made on cadavers to determine the true character of the pharyngeal bursa. He examined 100 adult heads, twenty-eight childrens' and two foetal heads. From this examination he found the same conditions as described previously by Ganghofer and "there was a series of deep, irregular and shallow clefts, forming ridges of various heights and breadths which gradually disappear as age advances." In ten of the 23 preparations examined, Schwabach found 'a more or less defined evidences of the original clefts in ten, and in these the middle clefts was the one partiallly or completely retained, while a few showed a number of openings of varying size.' He concludes therefore 'that the bursa of Tornwaldt is but the remnant of the middle cleft, the 'purse' or blind pouch being the posterior end, formed by the partial agglutination of the margin, and that it is but an integral portion of the pharyngeal tonsil, taking part in the diseases to which the latter is subject, but not possessing a pathological character of its own.'

Very pertinent to these later statements are those of Trautmann, " that various authors relying solely on rhinoscopic examinations, had arrived at erroneous conclusions when studying the hyperplasia of adenoid vegetations, and these differed completely from those arrived at when the studies were conducted upon the cadaver."

From this we see that there is yet a diversity of opinion as to the part played by the bursa in the production of postnasal catarrh. With Schwabach are associated Wendt, Ganghofer, Trautmann, and others, while equally as close clinical observers such as Tornwaldt, Luc, Schmiegelow, Massuci and Gradle have found that their investigations warrant them in attaching much importance to the presence of this

bursa pharyngea. In my own mind I am firmly convinced that certain cases of nasopharyngeal catarrh are dependent upon some pathologic condition of this bursa for they all surround themselves with unique objective symptoms distinctively characteristic.

Within the last three years I have had two cases whose clinical picture was almost identical in character and which showed a condition of the nasopharynx peculiar to themselves. These will be briefly narrated: Mr. L., lawyer, aged 27, consulted me on account of an harassing scabby accumulation in his nasopharynx. He gave the following history: Had never had a spell of sickness in his life nor was he susceptible to colds. Health almost perfect except for this postnasal accumulation. Was of a nervous temperament. Had no discharges from the nasal cavities, but behind these there was a constant burning sensation. About once every second day, in trying to clear the post-nasal space he would cough out a scab the size of a ten cent piece, dry on one side and moist on the other where it had been attached. It always came from the same spot, always had the same formation, and he was always conscious of its presence. The patient had excellent throat to examine, having such control over his soft palate that I could simultaneously use both the mirror and the cotton probe. This gave me an excellent opportunity to apply the treatment. I found a post-nasal scab situated at the vault of the nasopharynx, just in the center and a little below the nasal septum. No secretion could be seen anywhere else. This scab was removed with a piece of cotton on the end of a curved applicator and from its point of removal was seen a depression into which the end of my little finger would probably fit at the center of which was found a minute opening. This opening was entirely different from the slits found when there are remnants of adenoid tissue left, for in this case the post-nasal space seemed everywhere free from grandular tissue. Nor was there any accumulation in the Rosemuller's fossa. The nasal cavities appeared normal. Here was a case to mind different from the ordinary post-nasal catarrh, being entirely froee from the objective appearances usually found in that condition. My own diagnosis was that of chronic inflammation of the pharyngeal bursa. The prognosis in these cases as to absolute cure is exceedingly unfavorable and I was aware that I had a hard case to deal with.

The treatment consisted in the daily cleansing of the post-nasal space with equal parts of peroxide of hydrogen and water. This the patient accomplished himself with a post- nasal atomizer. This was easily done because of the great tolerence to instrumental manipulation in this region. I myself used all the well known remedies, such as vary in solutions of nitrate of silver, iodine of potash solutions, ichthyol chromic

acid, and finally the electro-cautery. Curetting was not resorted to because there was no indication for this procedure. The patient improved some but his condition was never cured and he finally passed from under my observation.

Mrs. L., aged 33, consulted me for symptoms which annoyed her similar to the one above. This lady was quite a vocalist, having a beautiful contralto voice. She complained of an intense burning behind the nose and the presence of secretion in the same region which usually came away after thorough douching in the morning. This condition she said had been present for two years but she was able to dislodge the secretions after a large amount of salt water had been passed through the nose. The secretion always came away in the form of a distinct scab. Her general health was excellent which was well shown in her physique. On examination the nasal cavities appeared normal as also the oropharynx and larynx. This patient also had excellent control of her throat for examination and instrumental manipulation. The only pathologic condition seen was a depression in the median line of the vault just back of the septum in which some dirty yellowish secretion was seen. This was removed with cotton applicator, revealing a raw bleeding surface. An opening, similar to the one seen in the first case was found at the lower end of this depression into which the probe could be passed.

This patient was treated with various remedies with varying success. She is still under my treatment.

This paper is more for the purpose of eliciting a discussion than the advancing of any new ideas, and I trust that the fellows of this Society will give us the benefit of their own clinical experience with such cases. These two cases which have been reported, present an entirely new type of post-nasal trouble, different from the ordinary post-nasal catarrh where adenoids are present or where there is a distinct nasal lesion.

From objective symptoms present, these two cases offer all the features of that pathologic condition described by Tornwaldt, and every clinical feature of the case points to a diseased state of the pharyngeal bursa. Those who deny the existence of this pathological condition as a distinct entity, I am sure base their opinions on an anatomical investigation and not on clinical facts. Such cases when once seen are readily recognized because of the great similarity in both their objective and subjective symptoms. The presence of this central depression, the opening at the lower portion from which in one case mucoid matter exuded the irritated condition of this socket, the presence of a firmly imbedded scab, these are the symptoms distinctly characteristic of this peculiar condition.

Whether the so-called bursa pharyngea is a distinct bursa or blind pouch in the mucous membrane, it is certainly the cause of a peculiar form of naso-pharyngeal catarrh. My own idea is that this bursa or pouch is but rarely present normally, but when it is, especially if there be any nasopharyngeal irritation present, and also if there be remnants of old adenoid tissue, it is apt to take on a catarrhal condition and produce those symptoms as were described in the two cases above. I do not agree entirely with Delavan, who said in a paper read in 1894, that the "so-called Tornwaldt's disease appears to be nothing more than neglected hypertrophy."

There must be something more present besides neglected adenoid hypertrophy to produce this pathologic condition, for too many neglected cases have been seen where none of these symptoms were present. Nor do I agree with Hajek, of Vienna, who believes that "Tornwaldt's theory as regards the recessus medius should be set aside, since the identical trouble described by him as limited to that crypt, could also be seen in other recesses of the naso-pharynx."

This is no theory but a clinical fact as can be demonstrated on any typical case. Nor can you find similar conditions in other recesses of the naso-pharynx as the author holds, for this media recess has a pathologic formation "sui generis." We have seen all these recesses in old cases of neglected adenoids, but the appearances of such even when there is much catarrhal trouble, are entirely different from the present condition under discussion.

In looking up the literature on the subject, there was found a pretty evenly divided opinion among competent observers as to the existence of this peculiar pathologic condition, and yet I think this is largely due to the fact that the condition itself is not frequent and probably many observers did not recognize it as a distinct entity. I canot agree with Tornwaldt in attributing every case of post-nasal catarrh to this condition

It was the non-success of the treatment in the two cases reported which caused me to study more minutely their clinical features. To treat the post-nasal space successfully you must be able to inspect its surface thoroughly and be able to make your applications just to the points desired. This is not always easy unless it is in a patient who has perfect control of his soft palate. I think that the method in vogue of mopping the nasopharynx without seeing the point for which the application is intended, is both painful to the patient and unscientific in its purpose. If the patient has not enough control of the muscles of the throat to allow the applicator and post-nasal mirror to be used at the same time, then the palate retractor should be brought into requisition and the parts treated properly.

I could never agree with Ziem, of Danzig, who advocates "the routine employment of palpation of the nasopharnyx as superior in every way to posterior rhinoscopy." I believe that why non-success so frequently results in the treatment of nasopharyngeal troubles, is because this region is not examined thoroughly enough.

The best treatment which I found in addition to the thorough cleansing which the patient accomplishes at home was an application of a solution of nitrate of silver, 60 grs. to the ounce, directly to the sulcus, followed by thorough spraying of the nasopharynx with "hot melted" vaseline and orthform. Both the curette and electro-cautery point were tried. Tornwaldt recommends the destruction of the bursa by means of these latter methods. My own success was not at all gratifying. Schmiegelow, of Copenhagen, has reported three cases of obstinate post-nasal catarrh cured by cauterizing the bursa. Such success, however,, has not been obtained by many other observers and in fact a large majority report a rather small proportion of cures.

The prognosis as to ultimate cure in these distinctly characteristic cases is certainly not brilliant, and the laryngologist will be taxed to his utmost to place the patient in even a comfortable condition.

SUPPRESSION OF CONSUMPTION.

By R. C. Bankston, M. D.,

BIRMINGHAM, ALA.

In addressing you on suppression of consumption I desire to consider it in a practical way which will put the laity in appreciative touch with our ideas, keeping studious attention upon this important medical subject. Nothing is more necessary to the welfare of man than knowledge of the disease in various forms. Will we successfully cure it? I answer yes, and the best route to that end is through agitation and not give precedence to unimportant issues involving no principle of consequence. Though the subject may be worn, from time serving, and the ground covered herein, old and familiar, yet I desire to reiterate; the object sought to be impressed, cannot be talked too much. Any suggestion, however vague, calling attention and serving to keep the fire of interest in its study alight is commendable, that scientific investigation may be pursued and certain cure accomplished. No one is prepared to speak authoritatively, but the question is so vital that we should from environment feel peculiarly interested. Much has been written upon methods of cure. After close study of the devitalized state of those susceptible to onslaught, we come to this conclusion. Vigorous, well nourished tissue is not fa-

vorable to the reception and manifestation of the germ, which, accepted medical opinion designates the cause of the disease. A serious thought enters for consideration here: May not the cause be a degenerative process or physiology below par and the germ an incident of the condition. Of course they are invariably found in all manifestation, but the multitude who are largely exposed without contracting it suggests the possibility of present theory being reversed in application. This is not an opinion asserted but argument, however, I do asert that it is preventable and under proper conditions is curable, and will yet be exterminated. Continued agitation arouses study which as education will demonstrate, preventive. While spread mainly by the poor, the rich contract it also, therefore, we may expect community action in its elimination. The rich naturally are the educated class, and realizing the danger, will support proper measures for suppression. Vital interest or self-preservation is too strong in life to presume upon any other course actuating. The greatest focus of the disease in Alabama is in Jefferson county. I allude to the Pratt Mines Prisons, where all are thrown together under circumstances which lowers vital resistance, rendering them easy prey to the virile implacable foe which does not let up on its victim usually but conquers to a finish, however, it does not always finish such victim before the expiration of his prison term. In fact it is a practice when the disease has become apparent, and days of labor are over, a sympathetic appeal for clemency is proposed and the pardoned sufferer unwisely turned loose on an unsuspecting public to scatter broadcast these virile germs to infect all who are susceptible, or, is returned to the walls of the penitentiary where he may infect any who may be receptive there. If the poor fellow was a criminal menace before incarceration, from vicious proclivities, how much greater as a danger now when he is capable of infecting with this horrible scourge all who are devitalized, who may come within the sphere of virility of this potency of destruction. If the people of Jefferson county do not take some steps to have this hot-bed of contagion abolished, the consequence will eventually be more serious through general infection than would freeing the entire horde of depraved non-infected criminals, all of whom, if they remain long enough may contract and distribute it. Human knowledge has never realized a more unconquerable disease, but with present information; we are nearing the time when this foe will be vanquished, and mankind freed from fear and thraldom more iniquitous than any ever known. This subject has left the field of the intangible and is exciting a degree of interest unequalled by any other proposition before the world. Means advanced are meeting with success sufficient to excite hope that proper precautions are being taken

and an infallible antidote will be found to successfully eradicate consumption from the list of life's fears, whether it be through elimination of germs, or increasing vital resistance is not relevant, however, the way to achieve it is through continuous study. Realization through education broadens mind, quickens knowledge and give the faculty of comprehension needed to appreciate cause productive and methods required to eliminate. The theory of contagion is old, but is only now impressing itself as important and correct. It is one of the diseases affecting man and animal alike. While contagion has been admitted for ages it was only about thirty years ago that the germ was isolated and the important discovery made that it is due to bacilli, which are introduced into the system through the alimentary canal, the respiratory tract or the skin, provided conditions are favorable and pabulum present for its peculiar requirement. A person in good health cannot be impressed under ordinary circumstances, but by keeping germs ever present, any one may become devitalized from some cause at which time he may be impressed, therefore it stands to reason that any whose duties call them into the localized zone of germ activity would better feel sure that vital powers are above par, and not in condition for germ propagation to be effective, I know it is preventable all necessary, being, to avoid the focus, when devitalized. Present conclusion warrant views which find expression here, and we do not believe it will be many years before obstacles are surmounted and conditions of the disease understood. The detriment of the present is ignorance of laws of health and pathology of disease. Overcome them and a great hindrance to stamping it out will have been removed. Ten years ago, a commission of British savants appointed to study it made the following as part of their report, which stands today as basis for general opinion on it, though it does not speak well for progressiveness. First, consumption is contagious. Second, the contagion is a living germ. Third, they can only grow and propagate in an animal body where fluids are favorable as pabulum. Fourth, the principal source of infection are the expectoration from the lungs of sufferers which, allowed to dry, becomes pulverized and as dust will float in the air and be conveyed to the nostrils for inhalation, or will settle on milk, water or food and be carried into the body, or may contaminate an animal which may be killed and used as food before any evidence of infection becomes apparent. Milk likely is a common source, of infection, being used in its natural state, while thoroughly cooking meat destroys the germs largely. This theory you may observe is not new. During the past five years its intelligent application has demonstrated its value. I believe it correct. All needed to determine it, is to educate sentiment to knowing its merit.

While these general causes must be considered in any plan devised to stamp it out, yet our greatest danger is in ignorant commingling with infected individuals from whom the disease may be directly spread to those, receptive; from devitalized health. To explain at more length, no one, however robust, but may at some time in life have a pneumonia or other disease or an occupation and environment which would temporarily devitalize blood and tissue. Suppose while in such state one should be brought in contact with the germ, conditions being right the field is planted and a manifestation results. These statements only need study to be verified. For some years, but in an isolated way doctors have been making suggestions which have not met with deserved recognition because the importance is not understood. People are not prepared to comprehend the significance of such propositions and realize that the future of man is largely enveloped in remote problems. Such being fact, these menaces should not longer exist, but removed, and replaced by knowledge of cause, and importance of arrest that health may be assured and the span of life lengthened. Take an infected person who has been educated sufficiently to know the danger, existing with himself, as a focus for infecting any who may be receptive, with whom he may come in contact; qualify him to protect; by educating him briefly in the course he should adopt and you will have done much to lessen its spread. A campaign of education will do more to stamp it out than all other policies advanced. Base your efforts on knowledge and the result will be tangible. No effective suppression can be employed until the masses are educated to comprehend the danger and know that blind chance is an unsafe guide. Its rapid increase make it a vital problem. Ignorant people who know nothing of their danger serve as means for its continuance. When we realize that each individual, however conversant with the infection, may become run down and contract it through constant germ presence, that known, should arouse interest. It should be studied and laws passed which can be applied vigorously that all sources of infection may be stamped out and cases existing isolated. Such course would be of immense value, with other laws making strict physical examination necessary before any, either citizen from abroad or foreign, can enter our country to endanger us. That course would involve both trouble and expense. We admit it, yet the money spent and time taken to stamp out a curse, responsible directly and through inherited devitality for nearly half the total death rate would be well invested. Let an epidemic of cholera, or yellow fever start our way and we are up in arms to repel. Millions will be spent in active quarantine with no regret, while great congratulation is indulged if successful, yet we have this insidious foe

in our midst which is destroying more life than all epidemics of every other infectious disease combined and we do not hear a word of alarm, or protest, from the public. Why? Because they do not know their danger. Attention has not been attracted in a way to impress its alarming character. Why wait until the disease through heredity becomes so general that we will be a nation of consumptives. I have not the statistics at hand to verify it, yet the progressive increase of consumption compared with total population is alarming. It is not making an extreme assertion to say within fifty years unless something is done to arrest it more than half the death rate will be of this disease. If all were educated so that knowledge of it would be general, then the importance to abate would be appreciated and eradication accomplished. Those who know the danger should unite to fight it. If undertaken intelligently it will be stamped out and relegated to history. For some years various State and county boards of health have had this subject under consideration. Their work has been such that no result is perceptible. It is wanting in co-ordinative spirit. Our government should take hold of the proposition and pass laws restricting disease through heredity. I do not wish to be misunderstood. It cannot be transmitted a heritage "per Se" but the devitalized tissue favorable to its continuance can be and one so constituted will sooner or later come into germ presence which finding favorable pabulum takes possession of the field and grows. This idea while largely theoretical is admittedly reasonable. In fact no theory disdaining reason can expect to develop by imaginative faculty which holds all philosophy incomplete that bounds inquiry to the limit of the certain. Conjecture and induction contribute hypothetically to make the essence of philosophical conclusion. We know enough of the disease to advance our theory of its cause, and means which if adopted will certainly remove it. No legislation now advocated would accomplish good because the principle underlying is not understood. What those interested should do is get our government to appoint a commission of five physicians who should give the subject exhaustive study at various places, then meet, devise and perfect plans which could be suggested to the government for execution, which would be effective in result. The following suggestions worked out might give a basis for a feasible plan which would be successful. First, the U S. Government to make a liberal appropriation to cover the expense of the board and give every facility and five years time for them to arrive at and promulgate a finding. Second, each State to co-operate and appoint a board of five physicians, the State boards to compile their information and report to the government board after three years and annually thereafter. Third, each county to organize medical

societies which shall have charge of local health conditions and select three members as a committee to investigate all cases reported, see that they are properly isolated, and kept under best physiological conditions appropriate to overcome the disease and its spread in a community. Each county shall appropriate means to cover the expense of its commission. Each State shall appropriate for its commission, who shall be responsible to the commission of the government, which shall call conferences with the various State commissions to be represented by delegate selected for fitness and familiarity with the subject and its importance. This body to extend invitation to all who may feel interested to come before it and give their views; as the object is educational, all finding should be extensively published and the literature scattered over the country to attract attention and obtain the co-operation of all in the systematic study of the disease and measures devised to stamp it out. The government to make annual appropriation to cover the cost of the sittings. The commission or college of science to be under the supervision of a chief who shall be head of the department of public health and statistics, tenure of office should be ten years and so arranged at the beginning that one member should go out at every second year. They should give their whole time to the affairs of the position and not be eligible to reappointment after having served ten years. New blood infused means vigor and development. The office of chief of the department of health to be a cabinet position subject to prevailing rules and always filled by a physician. The commission or college of science should study public health and causes prevailing that would modify it. Their standing and ensemble should be par to that of the supreme court. Position on the commission should be a distinction sought as a rare honor and only awarded after the high attainment, learning and scientific ability of the aspirant should be known. The highest qualification should be imperative, otherwise the result will not be of character to complete the great work of eliminating degeneracy, eradicating disease and perfecting vital powers for continued health.

I hope this brief outline will serve suggestively as synopsis of what should be undertaken, otherwise posterity will become so generally infected that extinction of entire nations is probable.

This subject is more vital in its relation to posterity than any other. We owe it a sacred duty to do something for relief. We should consider it a trust received from ancestry to study and devise means for eradicating this scourge and not let it descend through the generations as a heritage of iniquity bequeathed as vicious taint by an ancestry conspicuous in history more for imperfection than for measures for the good of life. In any proposition hitherto advanced, few

important factors enter. If we would achieve success we should improve and strengthen vital resistance and educate all in the science of life. Let them know why we live—what we live for as a high purpose—how to live and get best result through familiarity with the laws of biology, physiology, hygiene, chemistry, philosophy and psychology. The first and last being the most important. I do not mean the psychology of the mountebank, but an understanding of the relations of mental, physical and reflex approximations and their harmony, giving a high quality and enduring principle of life. If all laws bearing on longevity were properly observed man would have no disease and would live out an expectancy based upon the amount of vital force with which he would be endowed at the beginning. Roll back obscuring shadows from the doctor's path, cast by indifference, bring forward the bright light of education and let it shine upon intelligent people who by cultivating intellect have emancipated the world from the horrors of consumption, then contemplate the happy condition to exist perspectively compared with present distress; and let your earnest effort be, to suppress consumption.

A DRESSING FOR ABNOMINAL WOUNDS.

Professor R. T. Morris, of New York, whose contributions on abdominal surgery have been of so much value, has for many years made extensive use of aristol in the dressing of abdominal wounds. In his lectures on appendicitis he states that he has replaced iodoform by aristol, which is similar in its action, but is preferable "because it adheres to the tissues much more tenaciously, because it seldom if ever produces any toxic effects, and because it smells better." He believes that while aristol does not act directly as an antiseptic it quickly forms with lymph a thin, protecting coagulum, which is almost impenetrable to bacteria, the free iodine which is given off destroying the existing ptomaines. He considers aristol of the utmost importance in closing tissue planes against infiltration from a wound. Aside from its use as a dressing to the external wound he has found this drug of great service in preventing secondary peritoneal adhesions. Other very prominent surgeons, as for instance, Professors Tuttle and De Garmo, have been equally strong advocates of aristol in abdominal surgery, and it is of interest to note that it was recently used in the dressing of the late President McKinley's wound (American Journal of the Medical Sciences). The special advantages of aristol for the treatment of wounds are its remarkable cicatrizing property, its freedom from irritation, and its analgesic action.

Selected Articles.

A CONTRIBUTION TO OUR KNOWLEDGE ON ANTIPYRETICS.*

We are not far enough advanced in physiology to know what might be the effects resulting from the contact and mingling of the elements of some chemical compound with the physiological elements, cells or structures of the living diseased organism. We know that certain drugs will allay pain, but at what vital cost such alleviation is procured, we are at a loss to explain, although we resort to chemistry, pathology, microscopy to aid our findings in clinical and physical examinations. This refers especially to the various coal-tar products, some of which become of daily need to the busy practitioner. Is it sufficient to know the physiological and therapeutic action of these products, in order to obtain results from their use, or should we study the probable loss of vitality they may produce ,or to what extent they may reduce the respiratory or circulatory action? No; a full understanding of the absolute present needs and the future possibilities is required, and this includes microscopical and chemical examination of the eliminations, subsequent and strict attention to diet, hydrotherapeutic means and good nursing. Thus armed we are able to select our antipyretic on scientifically correct lines taking care to choose a remedy which is directed against the thermogenic tissues, thermogenic nerves and centres. The term thermogenic tissues, if taken in a broad sense, covers almost every tissue in the body, but I limit its interpretation as referring to the most active heat producers, the skeletal muscles and glands. The general thermogenic centres are in the spinal cord and brain, which is demonstrated by the fact that excitation of any one of these organs is followed by a pronounced thermogenesis. But we must not be led to believe that the increase of temperature alone is sufficient evidence of thermogenic disturbance. Insufficient diet tends to lower temperature while a liberal diet, especially carbo hydrates, increases the temperature. All conditions which increase metabolic activity are favorable to an increase of temperature, while rest brings about a reduction of temperature. Temperature per rectum reduces the first half hour after food is taken, to increase the next 60 to 90 minutes. Furthermore the temperature taken at different parts of the body differs; the usual observations of temperature taken in the mouth, rectum, vagina or

*Medical Council.

in the axilla would give us different results in the same case. Kunkel (Zeitschrift fur Biology, 1889, vol. 25, page 69-73) states that his researches have proven that the highest temperature of external parts is obtained in the hollow of the hand (closed) ranging 34.8°, 35.1° centigrade, and Bernard finds that the liver is the warmest organ in the body. The mean temperature of the body is subjected to variations which depend upon sex, age, constitution, time of day and season, baths, diet, climate, blood supply, disease, drugs, etc. A close relationship exists between the frequency of the heart's beat and body temperature, especially in fever. An increase in temperature will increase the pulse rate, but more important than the latter is the effect produced by the amount of blood supplied to any given part of the body. A large supply of blood to the cutaneous surface increases cutaneous temperature and decreases internal temperature, and vice versa. It would require pages to enumerate the various points which may cause changes in temperature—produce thermogenesis or thermolysis. Sufficient has been said to demonstrate that the blood is the foremost factor in all cases where thermogenesis has appeared; furthermore pathology has sufficiently advanced to demonstrate by blood examination that destructive histological changes occur in the blood cells, and subsequent chemical analysis of the faeces and urine reveals excessive phosphatic elimination.

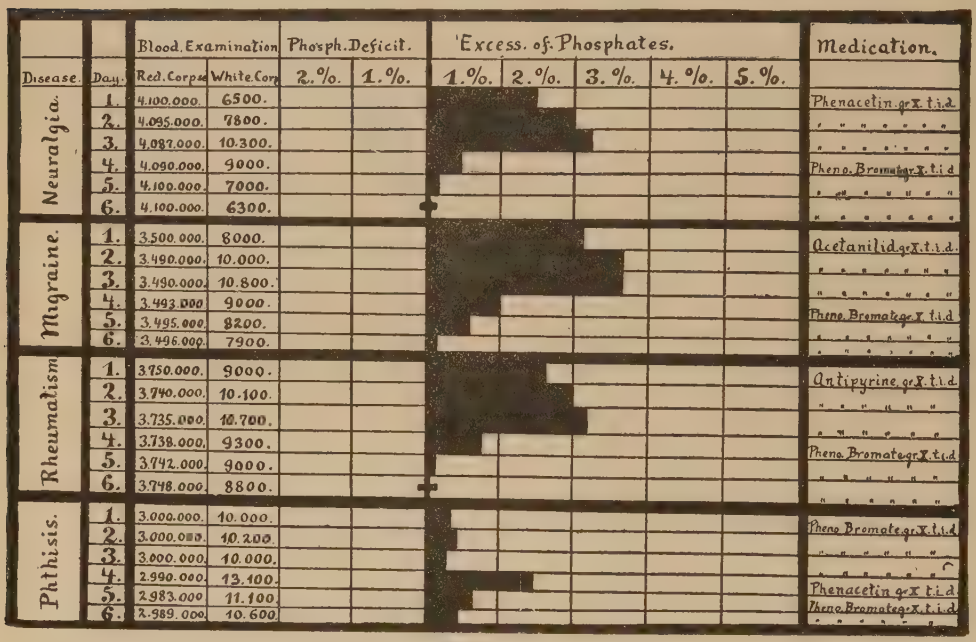
It appears to me as irrational to administer drugs in quantative doses in cases of similar history and clinical findings; as, for instance, quinine is given to the adult in doses of from 5-20 grains, to the child in doses of 1-2 grain, while a thorough study not alone on clinical and physical lines might reveal the fact that the larger doses would be appropriate for the child. The value or danger of synthetic remedies can be foreseen if we view them from a chemical-medical standpoint, while the relation of all coal-tar antipyretics should be observed from a chemico-physiological and therapeutic standpoint. Their physiological action is aimed to retain the antipyretic effect of carbolic acid minus its caustic and poisoning properties. Carbolic acid diminishes thermogenesis and increases thermolysis. It reduces the number of red blood corpuscles, but has no effect on the amount of hemoglobin. Most antipyretics are decomposed in the body, and the product of decomposition acts on the hemoglobin of the blood to form methemoglobin, while others lessen heat production by an influence on the nervous system, the blood pressure remains unaltered and their decomposition products do not affect the hemoglobin. When selecting our antipyretics we must consider the hypnotic and analgesic properties they contain. Most antipyretics, sedatives and analgesics exert their effect

through the general circulation, and many paralyze the central nervous system and are slowly absorbed in the stomach. Physicians often disagree in a given case on any one plan of treatment, when there is no dispute, not even a doubt as to the diagnosis, for, after all is said and done, the former is largely empirical. Is it right to employ any antipyretic because we know some therapeutic merit has been attributed to every one of them? or shall we stop and consider that Acetanilid, Antipyrine, etc., are not without their dangers and disadvantages, knowing them to be heart depressants? It may be taken as a rule that the powers, limitations and dangers of most antipyretics are not yet understood. We have often heard of cases of Acetanilid poisoning, of Antipyrine poisoning, and it is of interest to know the full physio-clinical data of such cases, and if death follows to learn of the results following autopsy. An interesting case is described by Kronig (Berliner Klinische Wochenschrift, November 18, 1895). These antipyretics invariably cause an excessive elimination of phosphates in the urine, and I have observed a large number of cases where the examination of the blood before and after medication showed decided histological changes. By merest chance, I came to use Pheno-Bromate, and it proved so signally successful in that one instance that I availed myself of all subsequent opportunities to give this antipyretic a further and more extended trial. I do not believe that the inherent value of a drug is demonstrated until its therapeutic action and physiological effect has been fully exploited.

Pheno-Bromate does not depress the heart; on the contrary, it exerts a stimulating influence on this organ. It possesses no toxic properties, and does not disorganize the blood causing anemia and its use is not followed by the elimination of phosphates in the feces and urine, which is the case with most antipyretics. The accompanying cut represents the amount of phosphates (earthy and triple phosphates) eliminated in four cases out of a probable one hundred cases treated with Pheno-Bromate: Case 1, neuralgia; case 2, migraine; case 3, rheumatism; case 4, fever of phthisis.

The above illustration clearly demonstrates that in all cases excessive elimination of phosphates and decrease of red blood corpuscles followed the use of antipyretics employed during first day's treatment, to become normal upon Pheno-Bromate medication. Pheno-Bromate is a true thermotaxic, and it acts by restoring the normal heat-regulating powers of the nervous system. Its analgesic and hypnotic effects are decidedly more pronounced than those produced by most other antipyretics, and it has also valuable antispasmodic action. In painful muscular spasm after fractures of the thigh, it proves more sedative

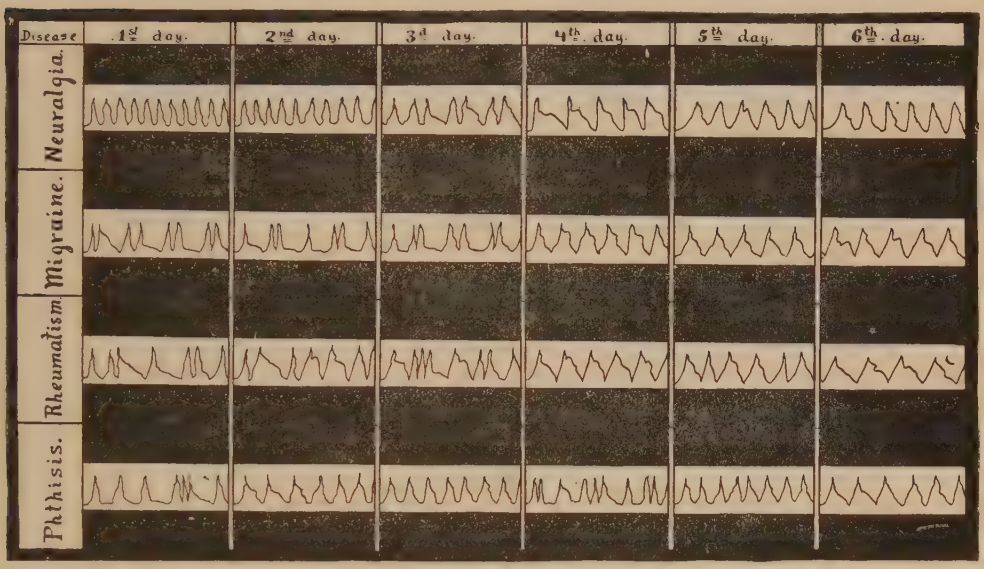
than the opiates and no depression or ill effects are noted. The administration of Pheno-Bromate adds materially to the comfort of the patient, and does not interfere with any healing process. Continuous fever deteriorates tissue and exhausts the brain (hence increased thermogenesis), and it also interferes seriously with nutrition. As antipyretics are only resorted to when some excess of thermogenesis exists, it is rational to reason that some gastric disturbances are present, and consequently the blood picture will reveal a digestive leucocytosis or a leucocytosis influenced by medication. Hence I assert in the introductory lines: A full understanding of



Amount of Phospates in the Urine (centritugal).

the absolute present needs and the future possibilities is required, and this includes strict attention to diet, hydrotherapeutics, nursing and the eliminations before the selection of an antipyretic is decided upon. Antipyretics are always relied upon for the treatment of migraine, which is rarely a disease in itself, but is rather a symptom accompanying some other affection. At times it is an hereditary disposition. It is almost always associated with nutritive disturbances, and many features of migraine indicate gastro-intestinal disturbances, and whenever these are found, we also find the resorptive processes impaired, and it is my belief that many a therapeutic agent has been

condemned as inefficacious after one or more trials, while such bad results were entirely due to the fact that the dosis had not been sufficiently increased to permit a certain amount (physiological dosis) of the drug to be absorbed. Discreet diet, evacuation of bowels and continued doses of Pheno-Bromate until the physiological action of this drug is demonstrated, are required to realize the therapeutic value of this valuable non-toxic antipyretic. I have examined the blood and



Daily Sphygmogram (½ hour after medication) 10 a. m.

urine in not less than fifty cases where Pheno-Bromate was the only medication employed, and I have always noted the stimulating and subsequent sedative effect after ten to fifteen grains of this efficacious antipyretic. This product is a happy synthesis founded on rational therapeutic principles.

L. H. Warner, A. M., Ph. G., M. D.
217 West 106th St., New York, N. Y.

A DOCTOR'S THANKSGIVING.

Today is Thanksgiving Day—and I of all other am, and should be more thankful. I luckily saw your ad. of Germiletum, this is not fictitious expression to me, may be common, but at any rate wrote you and you sent me a bottle of your Germiletum. I have for a long while

suffered the "Torments of Hell," with a severe case of Eczema. Everything I had used was either acid or unguent, and though palliative, never seemed to have the desired effect. I have had the most intractable Eczema I ever saw. I had many things to mitigate for a while, but all of an acid base, which would relieve for a while, but would return in all its vigor. While I am not given to writing essays or certificates, but gentlemen, without any exaggeration, I have had more comfort and sleep in the last two weeks, since using Germiletum, than in four months.

Everybody, doctors included, thought I had cancer, I told them it was Eczema in its most virulent form. I will say also, gentlemen, I used various Eczema tonics, they truly did me some good, but local application only seemed to soothe for a while. With the use of Germiletum, I am better than for years, and on this day of Thanksgiving no one has more to be thankful for than I. I used all the Eczema remedies with but temporary relief, in my own case as well as others. I have now successfully met in Germiletum a specific in Eczema, and feel better in spirit over my own condition than in years. Any good blood tonic internally and Germiletum externally, I believe Eczema will be completely eradicated. I will do all I can to extend the use of Germiletum. Van B. Thornton, M. D.

Hempstead, Tex., Nov. 28, 1901.

A doctor's wife should study to make herself absolutely necessary to her husband. Sme one may say this is the duty of every wife, but it is more so for the doctor's wife than all others.

The doctor is denied so many things that men in other callings have that the wife should determine to compensate him in every way possible.

First of all the doctor who marries a woman who is not congenial to him is a fool; he above all other men should know this.

The only salvation for a doctor who marries a jealous woman is either to give up his practice or his wife—if he does not do one or the other his life will be a hell and he a failure besides. I claim his first duty is to the wife he has married for better or worse, that is if he loves her or she loves him.

After all love solves all these domestic problems, the same as it does most other questions.

Unfortunately self love enters too largely into these equations.

Truly the only woman who should ever marry a doctor is the unselfish one.—Medical Mirror.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Proj.

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We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

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Greetings—1901-1902.

The calendar year 1901 in now a part of the unreturning past and we have spread before us the unwritten scroll of 1902. We extend to our patrons and to the profession our most cordial greetings and best wishes for the new year, trusting that a full measure of good health and prosperity may be realized in each individual experience. In reviewing the past the medical profession sees much in its collective record to excite praiseworthy pride and to provoke its members to still higher attainments that shall benefit mankind.

The Journal desires to acknowledge grateful thanks for generous patronage received, which has enabled it, we may say with becoming modesty, to strengthen and enlarge its sphere of usefulness. Increasing efforts will be made to retain public favor, seeking at all times in every

department of its work to so conduct and carry out its peculiar mission as that it may deserve just commendation from all of its business patrons and subscribers.

Dr. Wilson President, 1902.

During the past year the Jefferson County Medical Society has made a history of which every doctor in the county may justly feel proud. Dr. W. E. B. Davis, as president, has been untiring in his efforts, looking after every interest of the society as a result the meetings have been well attended and interesting and profitable papers have been read at each meeting, all of which elicited enthusiastic discussion. As a token of appreciation for his successful work during the year, a resolution was unanimously passed by the society at the last meeting thanking Dr. Davis for faithful and efficient services. Dr. Cunningham Wilson is president for the year 1902. Dr. Wilson is too well known to the physicians of Birmingham and Jefferson county to need any commendation from us. We predict for him and the medical society continued success. It is the duty and should be the pleasure of every doctor in the county to attend the meeting of the society and take an active part in the work. Dr. Sellers was elected Vice President.

Dr. Edgar A. Jones, the efficient secretary, is continued in office. Dr. Mobley will serve the society for another year as treasurer. Dr. L. C. Morris is elected a member of the board of censors for five years.

The annual banquet at the Hillman on the evening of Dec. 27th, was a brilliant success.

Suture of Stab Wound of the Heart.

The interesting report of case of wound of the heart will be read with interest by the medical profession of Alabama because of the report of seventeen cases by Dr. L. L. Hill, of Montgomery, Ala., in a paper presented before the Jefferson County Medical Society, and published in this journal last year. In the Medical News of December, 1901, Vaughan says:

A negro man of 23 was stabbed over the region of the heart. Three-quarters of an hour later operation was hastily done. The wound in the heart muscle was 2 1-2 cm. long and penetrated the wall of the left ventricle. Blood spurted through the incision of each systole, seven sutures closed the wound in the heart muscle. The heart suddenly ceased to beat and no artificial measures availing to re-establish its action, death resulted. The author adds to Hill's seventeen cases of sutured wounds of the heart, nine others, including his own. Of

the total of twenty-six there were nine recoveries and ten deaths. In one of the recovering cases the wound was certainly nonpenetrating and in two others the same was probably true. Excluding these three from the list there were six recoveries or a mortality of 76.93 per cent.

Football.

That we should encourage outdoor exercise and the indulgence in such sport as will give more vigor and strength to the physical economy, there is not the least ground to question, but if the game of football, such as was witnessed in the city of Birmingham on Thanksgiving Day by several thousand people, is a fair sample of this much appreciated sport, we must conclude that the criticisms indulged in by Dr. McCook and the editor of American Medicine, timely and to the point.

Nine killed and 170 badly injured is the record of football mortality for the past season. Rev. Dr. McCook thinks the case is bad enough to devote a sermon against this gladiatorial sport masquerading under the name of "athletics." Worse than the deaths and injuries, however, he thinks are the immoral concomitants of the game as played, the gladiatorial spirit, the betting evil, and the liquor drinking habits encouraged, and lastly, the time wasted by students. We think Dr. McCook forgot the worst thing—the vicious imitation of the grownups by small colleges and by school children. We leave out of the count the encouragement of noise-making. Betting, obscenity, profanity and malignancy are the effects of football among millions of children. We read of two rival medical colleges keeping up a whole day fight and of having to be repeatedly separated by companies of police. This is therapeutic education with a vengeance. We know of the will of still living rich man by which at his death a university will receive a very large sum of money, but only on condition that in the future there shall be permitted no "athletic contests" of the kind that at present disgrace both genuine education, genuine athletics and a true sportsmanlike instinct.

A Word with Our Advertisers.

Beginning the new year, we are gratified to note the appreciation shown the Alabama Medical Journal by the leading and most reliable advertising houses in this country. During the fourteen years in which we have published this Journal it has fallen to our lot to experience the ups and downs which every enterprise of this character must pass. In its infancy the Journal, "being bottle fed," suffered some from inanition, good nursing brought it through the teething stage and by the increase of patronage from advertisers and subscribers it soon

learned to walk, and today it launches out bright, happy and with a feeling of confidence never enjoyed before. Its pants reach to the heel of its shoes. Published in a city destined to be the largest and most important in the South and in the good State of Alabama, the rich resources of which is attracting the attention and admiration of the world, supported by a medical profession which is abreast of the times, and the support in a medical way, and the many kind assurances of encouragement induces us to conclude that this will be the best and most prosperous year in the history of the Journal.

We may be pardoned if we attach one or two of the many letters received from old and substantial advertising patrons of the Journal. One of the best houses in St. Louis says:

"Alabama Medical Journal," Birmingham, Ala.:

Dear sir—We thank you for your favor of the 23d inst. and hasten to assure you that we have no thought of withdrawing our advertisement from the Alabama Medical Journal. Our record with the Journal shows an entry of a tf. order and we shall be glad to have you enter the same memorandum upon your books. Yours truly,

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Another first-class house from the East says:

"Alabama Medical Journal," Birmingham, Ala.:

Dear Sirs—We have your favor of the 21st inst. and beg to assure you that we appreciate the liberal manner in which you have always treated us. The "Journal" has shown great improvement lately and we derive great satisfaction from that fact, as anything which indicates a paper's success also indicates its continued value to the advertiser.

Trusting that the forward strides you are now making may be permanent and steady, we remain with kindest regards,

Sincerely yours,

P. S.—You may be certain to receive as large a contract for space next year as we give to the very best paper upon our entire list.

We could include a large number of such good letters, but the above is sufficient to show the way the dial points.

Character and Education.

In discussing the subject Dr. Walter Schell, of Indianapolis, in a public address on medicine as a profession, says:

"Character is, after all, the measure of success. It is the only thing

which men really respect. Wealth may bring one to a certain social position, may dazzle human mouths with its light and glamour, but if the getting of money be the chief object of one's life, the ideal is material and base. In that great struggle beginning with the cradle and ending with the grave, the only really worthy object possible for us is the building of character. Education builds character, and medical education is largely responsible for ideals.

"Good manners rest upon a physician like a robe of purple. It is the royal robe. For purely business reasons, if for no other, let me advise you to cultivate the graces of life. Nothing will be lost if part of one's time is given to social duties. Medicine has so expanded as a science that it is impossible for any intellect to cover all the ground, yet, doctors should never wholly neglect polite literature. The doctor should read the classics, and have them in his library. He should also know something of history and fiction, and the collateral sciences. Art and music should appeal to him. We are so constituted that the mind is at once rested and improved by broad culture. Monotonous toil wears out the brain and unfits us for broad and liberal training even in special lines. It is very gratifying to know that students entering upon the study of medicine are much better educated than those who sat upon the benches a generation ago. Education best fits one for effective work if not too narrow and special. A man all doctor is not a good one, and this is the reason that medical colleges have been raising the standard of preliminary education. This standard is necessary in order to read and comprehend the textbooks. It goes without saying that one with a knowledge of Greek, Latin, German, French and Italian will enjoy and understand the literature of his profession much better than one who has not these attainments. The world has become very small and a physician who would lead the medical thought of his community must make the literature of the great civilized nations his own."

Mobile Medical and Surgical Journal.

Just as we close this issue of the Journal we find on our table the Mobile Medical and Surgical Journal. We regret that our time and space forbids making further comment in this issue than to wish for our friend, Dr. Marechal, and his Journal the greatest degree of success, and we extend to him our most cordial greetings as he enters the Journalistic field.

Physicians and Preachers.

(Communicated to the Alabama Medical Journal.)

Published by Request.

Much is being said and written about comity. Freely translated it means true politeness. It ranks as a high gift and adorns the manners of the real gentleman. It is not the highest, but when thoroughly understood, and pushed to its ultimate uses, is the best proof of the highest gift of nature and nature's Creator. Genuine politeness compells a recognition of another's rights, abilities and responsibilities. In a social compact like ours there is constant need of this grace. Knowing the rights of others the true gentleman will respect them. Thus, and thus only, may be avoided jars and friction in association with each other. And this desirable state of things may be attained in every trade, profession and calling. Understood and utilized it will abate most of the acrimony of life and bring in a reign of peace and good will. But this article concerns two classes—the M. D.'s and Ministers. In the very nature of things they most need this grace and have daily opportunity for the display of its potentialities and beauties. In some respects their work lies side by side. Their sympathies and obligations bring them in contact with the same classes. To a given extent these lines run parallel. Certain divine and human conditions make them one in interest and effort. "Those whom God hath joined together let not man put asunder." "We be brethren" in a very delicate and high sense. Thus far their concern is mutual. Up to a given point their rights and prerogatives are equal. Neither can dogmatize or claim superior advantages. They enter the sick chamber together and with some duties in common. The thoughtful family notify the pastor when they send for the physician. After this their visits, in most cases, are at their discretion. Each becomes responsible, in his peculiar relation to the patient, for the kind and extent of attention. Beyond these general averages comity does its best work. The object of this writing is the better to define the relation of the two to the end we may work in harmony for the good of those we seek to serve and save. Preachers do well to bear in mind that the chief—if not supreme and only—concern of the M. D. is for the physical welfare of his patient. This does not argue indifference to his spiritual fate. A reasonable interest in his religious condition may consist with seeming absorption in other directions. We concede to him an intense desire for the recovery of his patient. His professional obligations, to say nothing of his reputation, are involved. And yet we can hardly afford to concede him a greater anxiety than is in the heart of the true pastor. The doctor must be allowed to prescribe remedies,

suggest diet and the character and amount of attention given the patient. If company is allowed he has the right to interdict the discussion of such subjects as might injure his patient and retard his cure. In this realm he is absolute and sovereign. To deny him this much is to question his medical skill and invade inherent rights. On the other hand the preacher has been taught that he has a special mission to the sick and is under obligation to do all in his power for their comfort and alleviation. The Master names such service as proof of devotion to him, and promises reward when he comes "to make up his jewels." For the pastor to be indifferent to his afflicted parishioners would be construed as criminal. If he be a discreet man the physician has nothing to dread from his visits. He will know when and how to visit. The M. D. is supposed to know the duty and rights of the pastor, and if a Christian, (as all such ought to be) will enter heartily into his sympathies and join in prayer with him for the sick man and his anxious family. To deny the pastor access to his parishioner might seem, and will be construed as cruel, especially should he die. The living are solicitous for definite information as to the religious experience of their relatives and friends during sickness and dying. On all sides it is considered the most reliable testimony to be had. The wise pastor avoids all allusion to dying. Emotions thus stirred and resolves thus extracted are unworthy. The masses very rightly have but little confidence in so-called "deathbed repentances and professions." Such appeals are calculated to excite motives too low to defend and too puerile to depend upon in the presence of a Judge like Jesus Christ.

It may be well for the M. D.'s to know that there is a persuasion upon the public mind that practice in the concrete has large advantages over that in the abstract. Hence many of them not only encourage prayer, but do much of it themselves. The practice of medicine and the ministries of religion have been put into holy wedlock by the Bible. Right minded people have no patience with so-called Christian Science and Faith Cures. St. James, like a sensible man, teaches us to use both medicine and prayer for the sick. If the M. D. shut off the pastor at this point he will have assumed a fearful responsibility and deprived him of a good opportunity to be a blessing to the home. Besides he will lose from his practice a strong ally. Apart from any divine effect the wise and cheerful pastor will often prove a stimulant to the patient. This gives him a certain value if no higher good comes of his visits. He never mentions the subject of death and discusses a program of better living when health returns.

The pastor is supposed to be equally concerned with the doctor for

the recovery of the patient, and will gladly co-operate with him in all his efforts. It belongs rightfully to the minister's calling to have another care not necessarily absorbing the thought of the physician. He owes the sick person and the family a special duty. He ought to be allowed an opportunity to ascertain the spiritual state of the sick. This can be done just as in health by judicious questions. Let the interviews take the form of an old fashioned Methodist class meeting. This is sensible and may be made salutary. If defects are discovered they can be remedied just as in health. All this of course on the assumption that the patient is thoroughly rational and sufficiently free from pain to think and reason. The M. D. must not answer that the faithful pastor is supposed to be in possession of all these facts before the sickness came. He may be well informed up to that date, but his friend has entered upon a new experience and is being subjected to new tests of his faith. The pastor and others are anxious to know how he meets these new conditions. To this end he ought to be allowed (unless in exceptional cases) free access to the sick from "start to finish," be that as it may. If recovery come or death ensue the pastor will be familiar with the one and the other. To be shut out until the patient is in extremist is hardly fair. And yet preachers and friends have been thankful for even so small a chance to perform needed services. Instances multiply where the singing and praying thus allowed have brought those dying back to life. Of course if required to explain the seeming miracle the M. D. will tell you that the services produced a reaction and thus saved the patient. The M. D. ought not to object, if by way of rejoinder, he be told that the Lord can do some things not yet in reach of medical science. No one is humiliated by such a truth.

M. H. Wells.

Birmingham, Ala.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page 12 of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, $2 242.55 per annum. For particulars address M. D., Sumterville, Ala.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A first-class Surgical chair for sale at this office cheap.

Dr. R. L. Bowcook, of Anniston, was in to see us during the month.

H. T. Heflin has returned from New York, where he spent several weeks in hospitals.

Dr. D. E. Cason, of Kymulga, called to see us a few days ago and paid his subscription to Jan. 1, 1903.

Dr. D. F. Talley was elected a member of the Board of Censors for Jefferson County by the Medical Society Jan. 13, 1902.

Dr. J. A. Sanders, of Henry Ellen, remembered the Journal while in the city a few days ago by giving two silver dollars and wishing us well.

Dr. E. H. Sholl continues to remember the Journal by his remittance of subscription for 1902 and a kind word, wishing the Journal success and a sphere of usefulness.

Dr. A. J. Peterson, of Hanover, Ala., under date of Jan. 11, 1901, writes: "Please find enclosed check for two dollars for which continue the Journal to my address another year."

Dr. J. D. Gibson has been tendered a chair in the New York Post-Graduate School of Physical-Therapeutics, and the doctor is seriously considering the offer and may accept it.

Dr. W. B. Arberry, of Jacksonville, Ala., who has been a reader of the Journal for ten years, writes us a good letter and sends check for $2, payment of his subscription to Jan. 1, 1903.

Dr. John M. Whiteside, of Old Calhoun, sends us a check for $5 and pays his subscription to Jan. 1, 1903. Dr. Whiteside has been a good friend to the Journal—as subscriber and contributor.

It is impossible to mention all those who have recently remitted for subscription, but the Journal is profoundly grateful for the many kind assurances of support and for the substantial help which come from all over Alabama.

In all efforts to promote the highest and best interest of the medical profession we must not lose sight of the fact that in "union there is strength.' An exchange quoting Rollins, says: "God's best gift to us is that he gives not things, but opportunities."

The Jackson County Medical Society met Jan. 9th, and elected the following officers for 1902: President, Dr. W. C. Sanders; Vice President, Dr. T. E. Callan; Secretary and Treasurer, Dr. J. P. Rovex; Health Officer, Dr. J. W. Boggess. The meeting was largely attended.

Mobile County Medical Society elected officers for 1902 at a meeting of the society, held Dec. 21, 1901. President, Dr. W. T. Henderson; Vice President, Dr. Chas. A. Mohr; Secretary, Douglas G. Campbell; Treasurer, J. Grey Thomas. Dr. Thomas was also elected a member of the Board of Censors.

Dr. J. H. Ferrell, of Brookwood, Ala., called to see us during the month, and subscribed for the Journal. Dr. Ferrell is a graduate of the Birmingham Medical College and stood well in his class. He also made a good record before the Calhoun County Examining Board, making an average of 93.

Making it ethical to do contract practice by a resolution of the State Medical Association was a risky business, as a member of the committee which offered the resolution we so stated at the time, our observations convince us more and more of the correctness of the views expressed at the time.

At the meeting of the Montgomery County Medical Society, held Dec. 14, 1901, the following were elected officers for the year 1902: President, Dr. Glen Andrews; Vice President, Dr. J. M. Saddler; Secretary, Dr. Charles T. Pollard; Treasurer, Dr. Shirley Bragg; County Health Officer, Dr. R. N. Pitts.

The Sanitary Commission of Jefferson County have employed an expert engineer to examine and submit plans for the water supply of Birmingham. This is the result of the efforts of the Jefferson County Medical Society and carrying out the suggestions made to the commission by the special committee representing the society.

No other attribute contributes more to the dignity and elevation of the medical profession than that of a true, honest, loyal, personal friendship for each other. There should be no room in the heart of a high-toned doctor for those little "niggardly" mean, scheming, knaving thoughts which would lead to belittling his fellow practitioners.

In the discussion of medical subjects and papers before the medical societies, there should be the fullest, freest latitude and no one should feel that a criticism of positions taken on medical questions are meant to be personal. The best friends are those who feel the liberty to freely discuss a question and if necessary to bring out what he believes to be the facts.

Conecuh County Medical Society held an important meeting in the city of Evergreen Wednesday, Jan. 1, 1902. Dr. William F. Betts, the retiring President, delivered an address which covered the work of the society the past year. Dr. P. M. Bruner was elected President for the ensuing year. Dr. W. B. Shaver and others reported and discussed some interesting cases.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

At a meeting of the Madison County Medical Society, held in the city of Huntsville Tuesday, Jan. 7th, the following officers were elected: Dr. W. D. Pettus, of Rep, President; Dr. Felix Baldridge, of Huntsville, Vice President; Dr. Edgar Rand, of Huntsville, Secretary and Treasurer; Dr. W. C. Wheler, Censor and Health Officer. A large attendance of physicians was present.

We acknowledge an invitation to attend a meeting of the Talladega County Medical Society and a banquet given by the society on the evening of the 8th inst. and regret that a pressure of business prevented us from enjoying this occasion with our good friends, the doctors of Talladega. This society is composed of doctors who take an interest in the highest and best work of the profession.

A prominent physician of Boston says:

"I have time and again been summoned as a witness in divorce proceedings and other cases and have never had any difficulty in securing release from testifying by the court accepting my plea that I had no knowledge save that which I had gained as family physician.

"I believe a physician unless released on this ground if forced to testify should 'perjure himself like a gentleman,' if necessary."—Ex.

We call attention to an article which we publish this month, relating to the physiologic action of petroleum. These experiments are along the lines carried out by an eminent English physician and the petroleum preparation used was Angier's Petroleum Emulsion, which is the original and the first petroleum placed before the medical profession. Angier's Petroleum Emulsion is today prescribed by leading physicians of this country and Europe and its value in therapeutics is thoroughly established.

Jonathan Hutchinson, F. R. S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION OF ORTHOPÆDIC SURGERY.

(Meeting of Nov. 15, 1901).

GEORGE R. ELLIOTT, M. D., Chairman.

Dr. Homer Gibney read a paper on the "Orthopedic Operations for Intractable Cerebro-spinal Lesions," and reported two cases recently operated on in which marked improvement in locomotion was noticed. The two cases reported were Friedreich's ataxia. The incoordination of the lower extremities was in a measure overcome by tenotomies and fasciotomy for correction of the existing pes cavus and trigger toe.

He insisted on first correcting the deformity and then with properly adjusted apparatus worn for a long time—claimed marked benefit and in many cases complete removal of the interference incident to the paralyses.

Dr. Henry Ling Taylor said he agreed with Dr. Gibney in regard to the great value of operative procedures in properly selected cases of paralytic deformity, particularly in children. While it was true that operations designed to remove deformity or restore stability to a helpless limb not infrequently resulted in disappointment, owing to imperfect mechanical treatment afterwards, it was no less true that mechanical treatment was often imperfect or unduly prolonged by the failure to grasp the indications for operating.

Dr. John M'G. Woodbury said he could not discuss the paper as he came late and did not hear it, but expressed the opinion that chiefly operative procedures held out any possibility of recovery or permanent improvement; non-operative measures alone were simply paliative.

Dr. George R. Elliott said the field referred to was a large one and many a cripple was bed-ridden or going about with contractures and post paralytic deformities that could and ought to be relieved.

He cited as an example a patient upon which he had recently operated who had been bed-ridden for three years owing to post typhoidal contractures of spinal origin. By proper tenotomies, manipulation and subsequent use of apparatus the girl was now walking quite as well as ever.

Dr. Henry Ling Taylor read a paper, entitled "The effect of osteitis of the knee on the growth of the limb." From measurements of the

femorae, tibiae, feet and patella during or after osteitis of the knee in forty cases where the disease had begun in childhood, the following conclusions were reached:

1. The affected limb, if approximately straight, was longer in the first four years in the large majority of cases. In observed cases of adolescents and adults it was from one to several inches shorter, when the disease had lasted over seven years.

2. The affected femur was nearly always longer in the first four years, and the lengthening of the limb mainly due to lengthening of the femur. In the older cases, after a duration of seven years or more, the femur was markedly shortened.

3. The tibiae were usually equal in length in the early stages; later the tibia of the affected side might be slightly longer for a time, but oftener shorter; the shortening increased considerably in the older cases, and after the subsidence of inflammation.

4. With limbs of equal length and a duration of several years, the femur of the affected side was found longer and the tibia shorter than its mate.

5. The foot and patella showed a difference in favor of the sound side after one year and frequently before.

6. The stimulation of growth in the affected femur was accompanied by a retardation in the tibia, foot and other parts; growth in the femur itself was finally retarded. The result after many years was often considerable shortening of the limb.

Dr. T. Halsted Myers said that his observations were almost identical with those given by the reader of the paper. In fifteen cases observed by him the lengthening was generally in the femur, and in some cases the femur lengthened while the tibia shortened, in others both bones were lengthened. This occurred during the active stages of the disease, but he could not speak positively as to the ultimate result. He thought it probable that, if the knee recovered with good motion, there was less shortening, and wished to ask Dr. Taylor whether he noticed that limbs left with stiff joints shortened more than the others. The proper functioning of the joint after the cure of the disease was a most important element in securing the best nutrition and development of the limb.

Dr. H. A. Parish stated that there was no doubt about ultimate shortening in the majority of cases. He cited, however, the case of a girl aet. 16 years, disease of 13 years' duration, remarkable for great lengthening during the active stage of the disease. After a partial excision ten years ago, and recently a supra-condylar osteotomy of the femur, and a cuneiform section of the tibia for the relief of

flexion deformity, there existed only 3-8 of an inch shortening, with limb at angle of 175 degrees.

Dr. V. P. Gibney said that years ago Dr. Berry had called attention to the subject of the reader's paper, and from examination of 50 cases had found the femur had grown in length. In his own practice he had been disappointed not to find lengthening. While lengthening was generally believed to be the rule, it could be readily understood how shortening might occur from interference with the nerve supply by pressure of the head of the tibia on the popliteal space. He referred to a patient seen ten years ago who had 1 1-2 inches lengthening after a long course of protection treatment. The girl was still young and the joint disease cured; she was allowed to use the limb freely and atrophy set in. At the same time the joint of the healthy limb was protected and after four or five years the normal femur lengthened and the diseased one shortened, so that 1-4 inch difference was the final result.

Dr. Taylor, referring to Dr. Myers' question, said that lengthening of the femur was the rule while the disease was active, and it was probable that more shortening occurred in the deformed and badly managed cases. In the latter, the final result would usually be considerable shortening in adult life. He referred to the work of Leusden, who took measurements of radiograms, and reached conclusions nearly identical with his, except that Leusden had no opportunity to study adult cases where the disease had begun in childhood.

Dr. V. P. Gibney asked Dr. Taylor how he accounted for the shortening in neglected cases. Dr. Taylor replied that he considered it due to retarded growth.

Dr. V. P. Gibney said he was at a loss to understand why the bones shortened and would be glad to look over the statistics presented by Dr. Taylor. He supposed Dr. Berry's cases would be called neglected cases.

Dr. Taylor said that his statistics in the majority of instances were not made from neglected cases, though it was probable that most of the adult cases might be called neglected.

THE MEDICAL EXHIBIT AT THE WORLD'S FAIR.

The Medical Society of St. Louis has taken an important step—one which should have the support of all the medical journals of this country. At a recent meeting of the society a committee was appointed to formulate recommendations and report to the society. The report in part is as follows:

1. The fundamental idea in representing the advances in medicine, both public and private, as well as its present status, should be to make

the World's Fair, so far as it relates to this branch, an "Educational Exhibit" in the broadest sense of the word.

To do this successfully there should be set aside a building to be designated as the "Medical Building." In it should be represented all that embraces the advances in hygiene or preventive medicine, as well as those things which are used for the treatment of diseases and for the propagation of medical knowledge.

(a) This building should be constructed upon the most approved architectural plan so far as sanitary surroundings are concerned. A model room exhibiting methods of ventilation, the construction of walls to insure cleanliness, a bath room with proper plumbing, etc.

(b) The building should contain an exhibit of the methods and means of teaching medicine.

(c) An exhibit illustrating the means employed in the treatment of disease, under which head pharmacy, foodstuffs, etc., should be arranged.

(d) An exhibit of modern hospital, showing the construction and furniture of the sick room and operating room, and the paraphernalia necessary to take care of the sick and injured. This sick room should be in charge of a corps of trained nurses and from it might be sent out daily at stated hours ambulances, exhibiting the method of transporting the sick and injured.

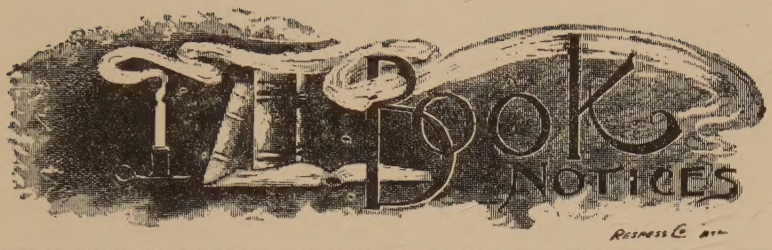
(e) There should be an exhibit, properly classified, of preparations and specimens illustrating the effects of injury and disease upon the human organism.

(f) Medical literature as represented by medical books and periodicals.

2. In order to secure the attendance of those specially interested in matters medical and hygienic, an effort should be made to select St. Louis as a meeting place for the national, state and local medical societies. To do this it would be necessary to give the widest possible circulation through the medical press of the medical exhibit, as well as to stimulate the attendance by invitation, or otherwise, of distinguished medical men at the meetings of the local medical associations.

3. There should also be printed for distribution to medical men a history of medical matters that appertain to the territory of the Louisiana Purchase and, from the scientific standpoint, a collection of the statistics of diseases and operative procedures which are peculiar to or had their origin in the purchase territory.

4. There should be published a detailed account of things especially interesting to medical men which are found in the city of St. Louis; such as the hospitals, the medical schools, the clinics conducted at the various hospitals, together with the times at which operations are held, etc.



ANDERS' PRACTICE OF MEDICINE.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph. D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Fifth Edition, Thoroughly Revised. One handsome octavo volume of 1,297 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.50 net.

The success of this work as a text-book and as a practical guide for physicians has been truly phenomenal. Five large editions have been called for in less than four year. The rapid exhaustion of each edition has made it possible to keep the book absolutely abreast of the times, so that Dr. Anders' book has become justly celebrated as a thoroughly up-to-date work on the practice of medicine.

In this edition the most thorough and extensive changes have been made in connection with the large group of Infectious Diseases. No pains have been spared to present modern views, derived from clinical experience and critical bedside observation as well as newly-discovered scientific facts. Especial care has been bestowed upon the etiology, including bacteriology, inductive diagnosis, and the details of treatment, in the belief that these phases of the subjects treated from the groundwork for an intelligent and successful pursuit of the science and art of medicine.

The etiology and mode of transmission of Malaria and of Yellow Fever have been almost entirely rewritten. Certain affections of growing importance, as Diphtheretic Dysentery and Parasitic Hemoptysis, have been recast and more fully discussed. A few new articles have been introduced; for example, Fatty Infiltration of the Heart, Streptococcus Pneumonia, and Acute Diffuse Interstitial Nephritis. Among leading infections that have received careful and thorough revision are Typhoid Fever, Malaria, Cerebro-Spinal Meningitis, Lobar Pneumonia, Influenza, Variola, Chronic Tuberculosis, and Hydrophobia. The entire work, moreover, has been carefully scrutinized and brought into harmony with the most recent developments in practical medicine.

AMERICAN EDITION OF NOTHNAGEL'S ENCLYCOPEDIA.

For Review—Typhoid and Typhus Fevers.

TYPHOID AND TYPHUS FEVERS. By Dr. H. Curschmann, of Leipsiz. Edited with additions, by William Osler, M. D., Professor of the Principles and Practice of Medicine, Johns Hopkins University. Handsome octavo of 646 pages, illustrated, including a number of valuable temperature charts and two full-page colored plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5 net; Sheep or Half Morocco, $6 net.

The original German edition of this volume is universally recognized as the standard authority on the subjects of which it treats. The American edition, however, even surpasses the German, for besides containing all the material of the original, extensive additions have been made to almost every chapter, thus incorporating into the work the very latest views on the subjects under discussion.

The chapter on Bacteriology has been thoroughly revised and much new material added, giving prominent consideration to the distribution of the typhoid bacilli, especially in the urine, the rose-spots, and the blood.

To the chapter on Pathology many minor additions have been made, incorporating the important work of Mallory. The literature on the localized lesions due to the bacillus has been carefully reviewed and made to conform to the most recent advances in that part of the subject. Thayer's exhaustive study of the state of the blood has been utilized, and the Surgical Aspects of Typhoid Fever have been fully revised with the aid of Keen's monograph.

Much valuable material has been added to the chapter on Diagnosis by Bacteriologic Methods, particularly with reference to the recent work in blood-cultures and on the detection of bacilli in the urine.

The chapter on Perforation and Peritonitis has been practically rewritten, as has also the section on the Hepatic Complications of Typhoid.

Thus it will be seen that the American edition of this valuable work, while still possessing all the commendable qualities of the original German, is greatly enhanced in its field of usefulness by being brought strictly abreast of the latest literature on the subjects, and by the representative specialists.

LOCKWOOD'S PRACTICE OF MEDICINE.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M. D., Professor of Practice in the Woman's Medical

College of the New York Infirmary. Second Edition, Revised and Enlarged. Octavo volume of 847 pages, with 79 illustrations and 20 full-page plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $4 net.

This work presents the essential facts and principles of the practice of medicine in a concise and available form, adapted to meet the requirements of those who heretofore have been obliged to resort to the larger works of reference.

The entire book has been subjected to a thorough revision. Many portions have been rewritten and a number of subjects have been introduced. Among the new sections may be mentioned Bubonic Plague, Gastroptosis, Gastric Analysis, and Reichmann's Disease. The subject of Malaria has been entirely rewritten. The section on Diseases of the Digestive System has also been largely rewritten, especially the following subjects: Gastritis, Dilatation of the Stomach, Gastric Atony, Ulcer of the Stomach, Gastric Neuroses, Enteritis, Colitis, etc.

The descriptions of diseases and their treatment given are terse and clear, and the work gives in a most concise manner the points essential to treatment usually enumerated in the most elaborate works.

HIRST'S OBSTETRICS.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Third Edition, Thoroughly Revised and Enlarged. Royal octavo, 873 pages, with 704 illustrations, many of them in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net.

Immediately on its publication this work took its place as the leading text-book on the subject. Both in this country and in England it is recognized as the most satisfactorily written and clearly illustrated work on Obstetrics in the language. The outcome of a large practical experience, it is clear, comprehensive, original ant up-to-date. The illustrations form one of the features of the book. These are numerous and are works of art, most of them being original.

In this edition the book has been thoroughly revised. New matter has been added to almost every chapter, notably those treating of Diagnosis of Pregnancy, the Pathology of Pregnancy, the Pathology of Labor, and Obstetric Operations. More than fifty new illustrations, including three colored plates, have been introduced. The literature of the subject has been carefully reviewed, and the most important references since the last edition are given.

For students and physicians alike this will be found one of the most satisfactory books on the subject of Obstetrics.

PENROSE'S DISEASE OF WOMEN.

A TEXT-BOOK OF DISEASES OF WOMEN. By Charles B. Penrose, M. D., Ph. D., formerly Professor of Gynecology in the University of Pennsylvania. Fourth Edition, Revised. Octavo volume of 539 pages, handsomely illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.75 net.

Regularly every year a new edition of this excellent text-book is called for, and although it is distinctly a text-book, it appears to be in as great favor with physicians as with students. Indeed this book has taken its place as the ideal work for the general practitioner. The author presents the best teaching of modern gynecology, untrammeled by antiquated ideas and methods. In most instances only one plan of treatment is described. This is a great advantage, since it prevents confusion on the part of the reader and also gives space for carefully detailed instruction in the methods recommended. In every case the most modern and progressive technique is adopted, and the main points are made clear by excellent illustrations.

The new edition has been carefully revised, much new matter has been added, and a number of new original illustrations have been introduced. In its revised form this volume continues to be an admirable exposition of the present status of gynecologic practice in this country.

ANTIKAMNIA AND HEROIN TABLETS IN PREVALENT GRIPPAL CONDITIONS.

Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Ga., in a recent article, states that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: Asthma, Bronchitis, Laryngitis, Pneumonia, Phthisis, Whooping Cough, Hay Fever, La Grippe, etc. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains five grains of antikamnia and one-twelfth grain heroin hydrochloride. One tablet was followed by a rapid diminution of pain, and after the third tablet the pain entirely disappeared. In treating the affections enumerated above the dose is one tablet every two, three or four hours according to indication.